

Population, Health, and Nutrition Results Reporting from FY 2002 Annual Reports

May 2002



U.S. Agency for International Development
Bureau for Africa
Office of Sustainable Development (AFR/SD)

Published by



The Population, Health and Nutrition Information Project
under contract HRN-C-00-00-00004-00.

May 2002



Population, Health, and Nutrition Results Reporting from FY 2002 Annual Reports

May 2002

U.S. Agency for International Development
Bureau for Africa
Office of Sustainable Development (AFR/SD)

This document includes a series of tables and charts that summarize the results of performance monitoring for health and family planning programs in USAID's Africa region. The information is based on the FY 2002 Annual Reports submitted in March 2002.

Table of Contents

Acronyms and Abbreviations	5
Africa Missions and Regional Offices: Areas of PHN Activity	7
Strategic Objectives and Intermediate Results in the PHN Sector	8
Results and Activities Reported	
Child Survival	13
Family Planning/Reproductive Health	18
HIV/AIDS/STIs	22
Selected Performance Measures for Other Reporting Purposes	27
Key Indicators with Reported Data	33
Overall Trends in the Health Sector	37



Acronyms and Abbreviations

AFP	Acute flaccid paralysis
AFR/SD	USAID Bureau for Africa/Office of Sustainable Development
AIDS	Acquired immunodeficiency syndrome
ANC	Antenatal care
AR	Annual report
ARI	Acute respiratory infection(s)
BASICS	Basic Support for Institutionalizing Child Survival Project
BCC	Behavior change communication
BSS	Behavior Surveillance Survey
CBO	Community-based organization
CDC	Centers for Disease Control and Prevention
CPR	Contraceptive prevalence rate
CYP	Couple-year(s) of protection
DHS	Demographic and Health Survey
DOTS	Direct observed treatment strategy, short course (TB)
DPT3	Diphtheria, pertussis, tetanus vaccine, 3rd dose
DR Congo	Democratic Republic of the Congo
ECOWAS	Economic Community of West African States
EDDI	Education for Development and Democracy Initiative
EPI	Expanded Program on Immunization
ESA	East and Southern Africa
FHA-WCA	Family Health and AIDS-West and Central Africa
FHI	Family Health International
FP	Family planning
HBC	Home-based care
HIV	Human immunodeficiency virus
HMIS	Health management information system
IEC	Information, education, and communication
IMCI	Integrated Management of Childhood Illness
IR	Intermediate result
ITM	Insecticide-treated materials
ITN	Insecticide-treated bed net
JHU/PCS	Johns Hopkins University/Population Communication Services

KAP	Knowledge, attitudes, and practices
LAM	Lactational amenorrhea method
MCH	Maternal and child health
MOH	Ministry of Health
MPH	Master of Public Health
MTCT	Mother-to-child transmission (HIV)
MWRA	Married women of reproductive age
NGO	Nongovernmental organization
NID	National immunization day
OPV3	Oral polio vaccine, 3rd dose
ORS	Oral rehydration salts
ORT	Oral rehydration therapy
OVC	Orphans and vulnerable children
PHC	Primary health care
PHN	Population, health, and nutrition
PLWA	People living with AIDS
PSI	Population Services International
PVO	Private voluntary organization
RBM	Roll Back Malaria
REDSO/ESA	Regional Economic Development Services Office for East and Southern Africa
RH	Reproductive health
RHS	Reproductive Health Survey
SO	Strategic objective
SPO	Special objective
STD	Sexually transmitted disease
STI	Sexually transmitted infection
TB	Tuberculosis
TBA	Traditional birth attendant
TFR	Total fertility rate
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
VCT	Voluntary counseling and testing
WARP/PHN	West African Regional Program/Population, Health, and Nutrition
WB	World Bank
WHO	World Health Organization

Africa Missions and Regional Programs/Offices: Areas of PHN Activity

(as submitted in ARs FY 2002)

		Child Survival	Family Planning	HIV/AIDS
Missions	Angola	✓	✓	✓
	Benin	✓	✓	✓
	DR Congo	✓	-	✓
	Eritrea	✓	✓	✓
	Ethiopia	✓	✓	✓
	Ghana	✓	✓	✓
	Guinea	✓	✓	✓
	Kenya	✓	✓	✓
	Liberia	✓	✓	✓
	Madagascar	✓	✓	✓
	Malawi	✓	✓	✓
	Mali	✓	✓	✓
	Mozambique	✓	✓	✓
	Namibia	-	-	✓
	Nigeria	✓	✓	✓
	Rwanda	✓	✓	✓
	Senegal	✓	✓	✓
	Somalia	✓	-	-
	South Africa	✓	✓	✓
	Sudan	✓	-	✓
	Tanzania	✓	✓	✓
	Uganda	✓	✓	✓
	Zambia	✓	✓	✓
	Zimbabwe	-	✓	✓
Regional Programs/Offices	AFR/SD	✓	✓	✓
	REDSO/ESA	✓	✓	✓
	WARP/PHN	✓	✓	✓
Summary	# of Units	Child Survival	Family Planning	HIV/AIDS
Missions	24	22	20	23
Missions and Regional Programs/Offices	27	25	23	26

Strategic Objectives and Intermediate Results in the PHN Sector

USAID Mission	Objectives and Results in the PHN Sector	
Angola 2001-2005	SO 7	Increased use of MCH and HIV/AIDS services and products and improved health practices
	IR 7.1	Increased access to MCH services
	IR 7.2	Increased demand for MCH services
	IR 7.3	Increased quality of MCH services
	IR 7.4	Increased access to condoms
	IR 7.5	Increased demand for condoms
	IR 7.6	Improved enabling environment
Benin 1998-2003	SO 2	Increased use of family health services and prevention measures in a supportive policy environment
	IR 2.1	Improved policy environment
	IR 2.2	Increased access to services and products
	IR 2.3	Improved quality of management and services
	IR 2.4	Increased demand for and practices supporting use of services, products, and prevention measures
Democratic Republic of the Congo 2001-2005	SO 1	The Congolese people are assisted to solve national, provincial, and community problems through participatory processes that involve the public, private, and civil society
	IR 1.1	Key health problems addressed with emphasis on redevelopment of governance structures for public health and citizen participation
	IR 1.2	Good governance and rule of law promoted with emphasis on multistakeholder problem solving
	IR 1.3	Constituencies for sustainable management of natural resources built with emphasis on community participation
Eritrea 1997-2002	SO 1	Increased use of sustainable, integrated PHC services
	IR 1.1	Improved access to integrated PHC services
	IR 1.2	Enhanced client demand for PHC services
	IR 1.3	Improved quality of PHC services
Ethiopia 2000-2006	SO 8	Family health improved
	IR 8.1	Increased use of high-impact child survival interventions, including nutrition
	IR 8.2	Increased use of high-impact reproductive health interventions, including maternal nutrition in focus regions and target areas nationwide
	IR 8.3	Reduced impact of HIV/AIDS and tuberculosis
	IR 8.4	Increased health sector resources and improved systems in focus regions
Ghana 1997-2001	SO 3	Improved family health
	IR 3.1	Increased use of reproductive health services
	IR 3.2	Increased use of selected child health services

Guinea 1998-2005	SO 2	Increased use of essential FP/MCH and STI/HIV/AIDS prevention services and practices
	IR 2.1	Increased access to essential FP/MCH and STI/AIDS prevention services and practices
	IR 2.2	Improved quality of FP/MCH and STI/AIDS prevention services, products, and practices
	IR 2.3	Increased behavior change and demand for FP/MCH and STI/AIDS prevention services, products, and practices
	IR 2.4	Increased effective response among donors, government, community organizations, NGOs, and private sector in addressing critical health systems constraints
Kenya 2001-2005	SO 3	Reduce fertility and the risk of HIV/AIDS transmission through sustainable, integrated family planning and health services
	IR 3.1	Increased non-USAID financial resources for family planning, HIV/AIDS, and child survival
	IR 3.2	Increased capacity of public and private institutions to finance, plan, and manage resources
Liberia 2001-2003	SO 3	Increased use of essential primary health care services through civil society
	IR 3.1	Increased quality, access, and demand for child survival and reproductive health services, including family planning, safe motherhood, and HIV/STI prevention
	IR 3.2	Behavior change resulting from use of quality reproductive health, family planning, and HIV/STI services
	IR 3.3	Increased grassroots participation in health and development activities
Madagascar 1998-2002	SO 2	Smaller, healthier families
	IR 2.1	Increased use of services and health behaviors
	IR 2.2	Increased community participation leading to improved health and food security
	IR 2.3	Increased access to quality health services
Malawi 2001-2006	SO 8	Behaviors adopted that reduce fertility and risk of HIV transmission and improve child health
	IR 8.1	Social marketing, delivery of appropriate range of health products and methods expanded/consolidated
	IR 8.2	Knowledge of good health/nutrition practices and own HIV status improved
	IR 8.3	Community participation in health care, including orphans' care, increased in target communities
	IR 8.4	Range of quality of health services for mothers and children under 5 expanded in target districts
Mali 1996-2002	SO 1	Improved social and economic behaviors among youth
	IR 1.1	Improved child survival services to youth
	IR 1.2	Improved basic education
	IR 1.3	Increased reproductive health services
Mozambique 1996-2003	SO 3	Increased use of essential maternal and child health and family planning services in focus areas
	IR 3.1	Increased access to community-based services
	IR 3.2	Increased demand for community-based services
	IR 3.3	Strengthened policy and management of decentralized services

Namibia 2002-2005	SO 5	Increased service utilization and improved behavior related to STDs and HIV/AIDS in target community
	IR 5.1	Increased quality and availability of information to improve sexual risk behavior in target community
	IR 5.2	Increased quality and availability of and demand for services to improve sexual risk behavior in target community
	IR 5.3	Strengthened and improved capacity of institutions to plan and implement HIV/AIDS interventions in target community
	IR 5.4	Increased community awareness and comprehensive support for OVC in target community
Nigeria 1999-2002	SO 4	Increased use of FP/MCH/HIV/AIDS services and preventive measures
	IR 4.1	Improved HIV/AIDS/STI prevention and control practices
	IR 4.2	Increased voluntary use of FP
	IR 4.3	Improved MCH practices
Rwanda 2001-2004	SO 2	Increased use of sustainable health services in target areas
	IR 2.1	Increased availability of decentralized, quality PHC, STI, and HIV services in targeted areas
	IR 2.2	Improved knowledge related to reproductive health, emphasizing STI/HIV, in target areas
	IR 2.3	Enhanced sustainability of PHC services
	IR 2.4	Enhanced social service networks supporting vulnerable populations
Senegal 1998-2006	SO 3	Increased and sustainable use of reproductive health services (child survival, maternal health, family planning, and STI/AIDS) in the context of decentralization in targeted areas
	IR 3.1	Improved access to quality reproductive health services
	IR 3.2	Increased demand for quality reproductive health services
	IR 3.3	Increased financing of health services from internal sources
Somalia 2001-2003	SO 2	Critical needs met for targeted vulnerable groups
	IR 2.1	Improved quality and availability of health care services
	IR 2.2	Increased access to water and sanitation
	IR 2.3	Effective targeting and delivery of food aid to vulnerable groups
	IR 2.4	Improved capacity for disaster preparedness and response
South Africa 1996-2005	SO 8	Increased use of essential PHC and HIV/AIDS prevention and mitigation services and practices
	IR 8.1	Integrated PHC, HIV/AIDS, STD, and TB prevention and mitigation services and practices
	IR 8.2	Increased demand for HIV/AIDS, STI, and TB prevention and mitigation services and practices
	IR 8.3	Improved quality of integrated PHC, HIV/AIDS, STI, and TB services and practices
Sudan 2000-2002	SO 3	Enhanced PHC through greater reliance on local capacities
	IR 3.1	Increased Sudanese participation as a foundation for sustainability
	IR 3.2	Improved and expanded delivery of services

Tanzania 1997-2003	SO 1	Increased use of family planning, maternal and child health, and HIV/AIDS preventive measures
	IR 1.1	Improved policy and legal environment
	IR 1.2	Increased availability of quality services
	IR 1.3	Increased demand for specific quality services
Uganda 2002-2007	SO 8	Improved human capacity
	IR 8.1	Effective use of social sector services
	IR 8.2	Increased capacity to sustain social sector services
	IR 8.3	Strengthened enabling environment for social sector services
Zambia 1997-2002	SO 3	Increased use of integrated child and reproductive health and HIV/AIDS interventions
	IR 3.1	Increased demand for PHN interventions among target groups
	IR 3.2	Increased delivery of PHN interventions at the community level
	IR 3.3	Increased delivery of PHN interventions by the private sector
	IR 3.4	Improved health worker performance in the delivery of PHN interventions
	IR 3.5	Improved policies, planning, and support systems in the delivery of PHN interventions
Zimbabwe 2000-2005	SO 9	HIV/AIDS crisis mitigated
	IR 9.1	Behavior change resulting from increased accessibility to quality services proven to prevent transmission of HIV
	IR 9.2	Behavior change resulting from communications interventions with proven effectiveness
	IR 9.3	Enhanced capacity of public institutions, NGOs, and CBOs to design and implement effective programs for orphans and others affected by the HIV/AIDS crisis

Regional Program/Office	Objectives and Results in the PHN Sector	
AFR/SD 1998-2003	SO 19	Adoption of policies and strategies for increased sustainability, quality, efficiency, and equality of health services
	IR 19.1	Promote improved policies and strategies for innovative health finance and organizational reform
	IR 19.2	Promote improved policies, strategies, and approaches for child survival and maternal health
	IR 19.3	Improved enabling environment to design, manage, and evaluate health programs
	SO 20	Adoption of policies and strategies for increased sustainability and quality of family planning services
	IR 20.1	Improved policies and strategies to expand reproductive health programs promoted
	IR 20.2	Enabling environment to design, implement, and evaluate reproductive health programs improved
	SO 21	Adoption of cost-effective strategies to prevent the spread and mitigate the impact of HIV/AIDS
	IR 21.1	Improved strategies and models to prevent and mitigate HIV/AIDS developed
	IR 21.2	Increased African commitment to HIV/AIDS prevention and mitigation
	IR 21.3	Increased African regional and national capacity to plan, manage, and implement improved HIV/AIDS programs
	IR 21.4	Enhanced coordination of partners to support HIV/AIDS programs in Africa
	SO 24	Polio eradicated in selected countries in ways that build sustainable immunization programs
	IR 24.1	Strengthen partnerships to support the implementation of polio eradication and immunization/disease control programs
	IR 24.2	Strengthen selected immunization support systems in the public and private sectors to achieve polio eradication
REDSO/ESA 2001-2005	SO 7	Enhanced regional capacity to improve health systems
	IR 7.1	Improved viability of regional partner institutions
	IR 7.2	Broadened technical resource base
	IR 7.3	Expanded utilization of critical information
	IR 7.4	Expanded policy dialogue
WARP/PHN 2001-2008	SO 5	Increased, sustainable use of selected reproductive health, HIV/AIDS/STI, and child survival services and/or products in West Africa
	IR 5.1	Increased access to quality reproductive health, HIV/AIDS/STI, and child survival services and/or products in West Africa
	IR 5.2	Increased effective advocacy for action in HIV/AIDS, maternal health, and child survival
	IR 5.3	Increased public, private, and nonprofit capacity for developing and implementing health policies and programs
	IR 5.4	Increased partner collaboration for transparent and efficient use of resources for developing and implementing health policies and programs
	IR 5.5	Number of preliminary HIV/AIDS assessments and technical assistance support visits in nonpresence countries increased

Results and Activities Reported: Child Survival (as submitted in ARs 2002)

USAID Mission	Child Survival Results and Activities
Angola	<ul style="list-style-type: none"> • USAID assisted with the establishment of eight regional sites that monitor potential polio cases in all 18 provinces. • Polio surveillance systems identified an average of 1.4 AFP cases per 100,000 children. • During the July NIDs campaign, 93% of children under 5 were vaccinated. • Angola conducted sub-NIDs for the first time in three high-priority provinces. • There were only two reported cases of wild poliovirus, compared with 55 in 2000 and 1,117 in 1999. • In target areas, 92% of women demonstrated correct knowledge of the danger of dehydration and diarrheal diseases and of the best methods for caring for sick children, up from 72% at baseline.
Benin	<ul style="list-style-type: none"> • In the Borgou target region, 76 trainers and health district team members took part in health supervision training. • 132 health care workers and 22 laboratory technicians were trained in IMCI as part of the Mission's malaria activity.
DR Congo	<ul style="list-style-type: none"> • Basic health services delivery was improved in rural areas with the revitalization of more than 50 health zones. Motorcycles, bicycles, land cruisers, and cold chain equipment were delivered to many of these zones. • Pharmaceutical depots were rehabilitated and reference books were delivered in 30 zones. • Training activities were conducted for six new regional coordinators and 60 health care personnel, management trainers, and water and sanitation engineers. • To improve the capacity of health service staff, 26 district health leaders completed the MPH program at the Kinshasa School of Public Health. • Nearly 12.5 million children received polio vaccine during the third-round visits of the national immunization campaign. The surveillance component of the polio eradication effort attained coverage of most health clinics in the country, and no cases of wild poliovirus were found. • A national vitamin A policy was developed in support of vitamin A interventions. Workshops for local NGOs were held, and media campaigns were sponsored. More than 10.2 million children, representing 97% of the target population, received doses of vitamin A. • In the measles control program, the MOH received assistance to develop a measles control strategy and hold a measles workshop. More than 2.1 million children were immunized against measles. • Support for malaria programs focused on improving the capacity of the National Malaria Control Program to develop and distribute effective treatment and clinical management policies. • A new drug policy replacing chloroquine with sulfadoxine/pyrimethamine (Fansidar) was adopted after countrywide efficacy studies showed high rates of chloroquine resistance. • Case management of malaria improved, with 378 public and private laboratories in Kinshasa evaluated for quality of malaria diagnosis and clinic staff training. • To improve malaria prevention, insecticide-treated materials (ITM) were introduced in two pilot health zones. An integrated malaria control pilot project in Kinshasa began to measure the effectiveness of a range of malaria interventions, including ITM use, policy change, environmental interventions, health worker training, and community education.

DR Congo (cont.)	<ul style="list-style-type: none"> • Staff of the National Malaria Control Program were trained or participated in international conferences in order to establish surveillance systems to monitor drug resistance and prevalence trends.
Eritrea	<ul style="list-style-type: none"> • IMCI implementation exceeded expectations, with 15 health facilities (compared with a target of two) offering services. As a part of IMCI, growth monitoring and micronutrient education and promotion materials are being developed. • Polio eradication efforts achieved good immunization coverage and improvements in surveillance. NIDs and sub-NIDs were well implemented. • More than 250,000 vitamin A capsules were distributed to children during the sub-NIDs in June. More than 380,000 capsules were distributed in December.
Ethiopia	<ul style="list-style-type: none"> • Almost 14 million children were vaccinated against polio, up from 11 million in 2000. • USAID financed the distribution of vitamin A supplements to more than 500,000 children in 10 focus districts.
Ghana	<ul style="list-style-type: none"> • DPT immunization coverage increased 7 percentage points from 1999 to 2001. Coverage stood at 76% in 2001. • Distribution of vitamin A capsules to children age 6-59 months reached nearly 100%, an increase from 89% in 2000. • With sales beginning in November 2000, a public-private partnership sold more than 20,000 ITNs for malaria prevention.
Guinea	<ul style="list-style-type: none"> • In the Upper Guinea intervention zone, 37% of children were treated and 50% of mothers were counseled in accordance with MOH norms and procedures. • 95% of children under 5 were vaccinated against polio. • During the 2001 NIDs campaign, 97% of children under 5 received vitamin A supplements. • National measles vaccine coverage increased from 40% in FY 2000 to 52% in FY 2001. DPT3 vaccine coverage increased from 43% to 52.7% over the same period. • Sales of oral rehydration packets through USAID's national social marketing program increased and exceeded targets, with more than 1,976,000 packets sold. • In Upper Guinea, nearly 49% of pregnant mothers received at least three ANC visits, up from 44% in 2000.
Kenya	<ul style="list-style-type: none"> • Child survival activities continued to focus on malaria and the IMCI approach. In 2001, 95,000 bed nets were sold, well above the target. In the IMCI pilot district of Bungoma, it was demonstrated that ANC visits could improve child health by promoting bed nets and malaria prevention during pregnancy.
Liberia	<ul style="list-style-type: none"> • Nearly 160,000 consultations for the under-5 population were reported. Malaria, ARI, and diarrhea accounted for 67% of these consultations. • 85% of the estimated 47,000 children under 1 year of age received measles immunization. 80% received OPV3, and 59% received DPT3. • Targets for vaccinating children under 5 were surpassed, with more than 850,000 vaccinated last year.
Madagascar	<ul style="list-style-type: none"> • DPT3 rates rose to 94% from 55% in 2000. • In project sites, 87% of infants were completely vaccinated, compared with 44% nationwide. • Exclusive breastfeeding of infants 0-6 months of age increased from 46% to 83% in target groups.

Madagascar (cont.)	<ul style="list-style-type: none"> • In targeted districts, 76% of children 12-23 months of age received appropriate vitamin A supplements, compared with 50% nationally. • The Champion Community Initiative in 20 health districts has mobilized local political support to achieve positive results in health and nutrition. • A program to revise medical and nursing school curriculum on nutrition and IMCI has been initiated. • As part of cyclone recovery activities, nearly 900 wholesalers and 13,000 retailers are distributing the safe water product "Sur Eau" nationwide. • Also in response to a cyclone disaster, health centers were stocked with essential drugs. Equipment for emergency medical relief was provided, and community volunteers were trained.
Malawi	<ul style="list-style-type: none"> • According to DHS findings, both infant and child mortality declined between 1996 and 2000. • Social marketing activities for ITNs, ITN retreatment kits, and ORS all exceeded sales targets. • IMCI training was completed in three districts. Personnel in five districts were trained in IEC methods for imparting behavior change messages.
Mali	<ul style="list-style-type: none"> • Immunization programs were strengthened through technical assistance for routine vaccination planning. • Decentralized health authorities were strengthened through workshops on use of local financing for health services. • The percentage of health service providers correctly applying norms and procedures increased by 22% (from 27% to 33%).
Mozambique	<ul style="list-style-type: none"> • Immunization coverage increased with 65% of targeted children receiving DPT3, compared with 45% in 1997. • 71% of mothers whose children suffered from diarrhea sought treatment and gave prescribed medicine to their children, compared with 39% in prior years.
Namibia	(Strategic objective does not include child survival.)
Nigeria	<ul style="list-style-type: none"> • 47 million children received OPV as part of the polio eradication effort. • Support was provided for training 200,000 vaccinators and other personnel and for promoting the polio vaccination program through national publicity campaigns on radio and television. • Funds were provided for market research to determine the appropriate bed nets for a viable malaria control program. • A national nutrition survey was conducted; results are expected in 2002.
Rwanda	<ul style="list-style-type: none"> • Neonatal mortality is at 4.4% and infant mortality at 10.7%. • USAID has shifted its focus from emergency-oriented interventions to a long-term partnership with the MOH to strengthen its technical and management capacity in the areas of HIV/AIDS, reproductive health, health care financing, and capacity building. • The development of prepayment health plans as a strategy to improve financial access to basic health care has shown impressive results. Two targeted areas exceeded the target rate of 1.1 annual visits per capita with actual rates of 1.5 and 1.4 visits.
Senegal	<ul style="list-style-type: none"> • The NIDs campaign ensured that 99% of children under 5 received two doses of OPV and that 87% of children between 6 months and 5 years of age received vitamin A supplementation. • Implementation of the IMCI algorithm began in three districts.
Somalia	<ul style="list-style-type: none"> • The polio eradication campaign was very successful. Only four cases of wild poliovirus were confirmed, compared with 46 cases in 2000.

Somalia (cont.)	<ul style="list-style-type: none"> • With USAID support, UNICEF procured and delivered enough drugs and medical supplies for all service providers in the PHC sector nationwide. • More than 400 health facilities, including hospitals, MCH centers, and health posts, were supplied with essential drugs and basic medical equipment. • As part of the Title II program, 20,110 metric tons of food were distributed through emergency free food distribution and food-for-work activities. • Through UNICEF, USAID provided 1,000 metric tons of nutrient-fortified foods to 32,400 malnourished children in drought-affected areas. • More than 500,000 people gained access to clean water through rehabilitated urban water systems, rural boreholes, and hand-dug wells. • With USAID support, UNICEF made cholera supplies, including 600,000 ORS sachets and 200 drums of chlorine for water purification, available to all health centers treating cholera patients.
South Africa	<ul style="list-style-type: none"> • Immunization coverage improved, with 77% of children immunized against measles and 69% fully immunized. • Correct treatment of diarrhea in children increased from 41% in 1998 to 82% in 2000. • The district-level health information system that began in the Eastern Cape as an Equity activity was adopted as the national standard, enabling the National Department of Health to track basic health data and better plan its budget and program priorities. • The health program expanded coverage into two new provinces.
Sudan	<ul style="list-style-type: none"> • Rehabilitation of clinics and increased geographic coverage of PHC services gave nearly 280,000 new clients access to health services. • Polio eradication efforts increased. On "Days of Tranquility," government and Sudan People's Liberation Army and Movement forces temporarily halted hostilities to facilitate access to less stable areas. • USAID partners worked with stakeholders in southern Sudan to increase Sudanese participation in service delivery. Training was provided to approximately 360 female and 410 male health workers to work in functioning health clinics. • In two target counties of a pilot cost-sharing program, 32 out of 62 community health clinics collected direct income for their services. Most of the clinics spent the income on staff salaries to improve the quality of services provided. • Title II programming provided 133,000 metric tons of food assistance to meet critical food needs of vulnerable populations in both northern and southern Sudan.
Tanzania	<ul style="list-style-type: none"> • Nearly 6 million children under age 5 received two doses of vitamin A. • 1.2 million children under age 5 received OPV, and 3.6 million received one dose of measles vaccine.
Uganda	<ul style="list-style-type: none"> • USAID-supported sub-NIDs achieved 100% coverage for polio and measles. • Vitamin A supplementation in 26 districts during sub-NIDs reached more than 1.5 million children.
Zambia	<ul style="list-style-type: none"> • 84.7% of children were fully vaccinated by 12 months of age. • Vitamin A coverage remains high at 80%, and sugar fortification continues for the fifth consecutive year. • Social marketing sales of a home water treatment product, promoted to reduce exposure to diarrheal disease, exceeded the target by 58%. • An integrated malaria program includes a strong public-private partnership for sales and distribution of ITNs, sustained technical assistance to the National Malaria Control Board, and improved service delivery through NGOs. The program has enabled public health policies to eliminate taxes and tariffs on bed nets.
Zimbabwe	(Strategic objective does not include child survival.)

Regional Program/Office	Child Survival Results and Activities
AFR/SD	<ul style="list-style-type: none"> • Exclusive breastfeeding rates rose in Benin, Ghana, and Madagascar. • Immunization coverage rates increased in Ethiopia, Ghana, Mali, and Uganda. Routine immunization has also received more attention in regional forums. • Effective responses to meningitis and yellow fever epidemics have led to lower infection and fatality rates. In Cote d'Ivoire, 3 million people were vaccinated in 10 days to halt an urban epidemic of yellow fever. • 14 countries are now implementing IMCI interventions, up from 11 in 1998. • The number of countries accelerating RBM interventions more than doubled to 24.
REDSO/ESA	<ul style="list-style-type: none"> • Baseline Partner Institutional Viability Assessments (PIVA) are underway for intergovernmental organizations and large NGO partners. Four partners have already enhanced their financial management capacity (through training and improved hardware and software), improved their governance and management systems, and initiated strategic planning. • Individuals and institutions involved in strengthening health systems in ESA had continuing access to information enabling them to keep their technical knowledge current, disseminate information throughout the region, and develop, apply, and assess approaches to improving health systems, including Web site development and support.
WARP/PHN	<ul style="list-style-type: none"> • Due to production limitations, ORS sales lagged behind 2000 levels. • According to DHS survey information, use of modern contraceptives and ORS increased in Togo, Cote d'Ivoire, Burkina Faso, and Cameroon.

Results and Activities Reported: Family Planning/Reproductive Health (as submitted in ARs 2002)

USAID Mission	Family Planning/Reproductive Health Results and Activities
Angola	<ul style="list-style-type: none"> • In project areas, the breastfeeding practices of mothers improved significantly, as did care-seeking behaviors during pregnancy and the frequency and quality of delivery attendance by TBAs. • The percentage of women and infants monitored during the three days after birth rose from 85% to 99% in target areas. • The number of women of childbearing age who are able to identify danger signs during pregnancy has risen by 14%.
Benin	<ul style="list-style-type: none"> • In the target Borgou region, family planning use as measured by CYP increased 12.5% over 2000 and now stands at 17,237 CYP. • National oral and injectable contraceptive sales increased to 88,800 cycles and 9,864 doses respectively. • 350 community-based service agents received family health tools and equipment, including contraceptives and health education materials. • USAID supported the installation of a warehouse for essential drugs in Borgou to bring drug supplies closer to health centers and community-based agents in rural areas. • Communications techniques, including mass media, theatre, and music, were used in target zones to encourage people to adopt health behaviors. Preliminary reports indicate that the populations in these zones are taking advantage of preventive services by visiting health centers more regularly for prenatal care and immunizations.
DR Congo	(Strategic objective does not include FP/RH.)
Eritrea	<ul style="list-style-type: none"> • Comparisons of USAID target zones and nontarget zones show that USAID training and support are making a difference. CYP increased 28% in target zones between 2000 and 2001.
Ethiopia	<ul style="list-style-type: none"> • USAID focus areas had a 38% CPR, compared with 6.3% nationally. • USAID's social marketing program sold more than 1.2 million cycles of oral contraceptives and nearly 54 million condoms.
Ghana	<ul style="list-style-type: none"> • USAID/Ghana sponsored community mobilization training for health professionals and community leaders from all regions of the country in support of the MOH community health program. • The Mission supported the local Planned Parenthood affiliate in training 700 community-based reproductive health workers. • Safe motherhood activities expanded into six regions and five midwifery schools.
Guinea	<ul style="list-style-type: none"> • CYP increased by more than 11% from 87,068 in FY 2000 to 96,817 in FY 2001. • In Upper Guinea, 63% of women received information about FP counseling in accordance with MOH norms and procedures. • Training and orientation sessions related to FP and HIV/STI prevention were provided to 682 community leaders. • 183 community agents were trained to conduct community-based distribution of contraceptives and HIV/AIDS prevention products in Upper Guinea. • FP commodities are available in 90% of USAID-sponsored health facilities.
Kenya	<ul style="list-style-type: none"> • Social marketing sales of condoms met the target of 1.2 million per month. • An integrated family planning, reproductive health, and child survival project was launched.

Kenya (cont.)	<ul style="list-style-type: none"> • USAID's technical assistance for contraceptive commodity distribution helped deliver almost 2 million CYP, with no stock-outs of major commodities. • Social marketing of Femiplan injectable and oral contraceptives entered its second year. Femiplan pill sales now account for about 10% of national pill use. • The post-abortion care project trained an additional 125 private nurse-midwives.
Liberia	<ul style="list-style-type: none"> • 3,266 CYP were provided through condoms donated to UNFPA. • In the project area, 32% of pregnant women received prenatal consultations and two or more doses of tetanus toxoid vaccination. • Trained medical personnel attended 17% of the reported 16,600 pregnancies in the project area. TBAs attended 83%. • The PHC program trained more than 1,700 community health workers, including TBAs.
Madagascar	<ul style="list-style-type: none"> • The CPR increased from 12% in 2000 to 15-23% in 2001. • Sales of oral contraceptives increased by 200%, and sales of injectable contraceptives increased by 300%. • 10 major NGO FP Association members began purchasing contraceptives through social marketing, shifting their role from passive recipients of donated goods to active commodity buyers. They also strengthened their contraceptive management systems. • Social marketing condom sales increased from 1.1 million in 1996 to more than 6 million in 2001. • Social marketing expanded through "Project Cinemobile," which uses mobile video units to deliver health messages to rural communities in an entertaining format. Audiences of 750 to 1,500 people saw 278 presentations in five of the country's six provinces. • Since 1992, the number of public sector sites providing FP/RH services nationwide has grown from less than 150 to more than 1,145. • The MOH adopted an assisted self-learning approach to training health workers. The approach was implemented with 1,197 health workers. • 1,181 doctors have been fully trained and 676 doctors have received refresher courses on contraceptive methods, reproductive physiology, counseling, and social marketing.
Malawi	<ul style="list-style-type: none"> • DHS findings indicate that the CPR nearly doubled from 14% to 26% between 1996 and 2000. • The first comprehensive national RH guidelines were developed and approved by the Ministry of Health and Population. • Standardized RH curriculum for use in preservice institutions has been finalized. • National trainers received training in female and male sterilization and Norplant insertion. • To address human resource difficulties, support was provided for an electronic nursing registry with the Nurses and Midwives Council. The registry will help determine the number and location of registered nurses and midwives.
Mali	<ul style="list-style-type: none"> • The government has established a long-term contraceptive security planning committee, and a plan has been prepared. • Modern contraceptive use increased to provide 20,546 CYP, up from 5,026. • More than 2,500 peer educators received training; 760 peer educators reached 100,000 young people with reproductive health information.
Mozambique	<ul style="list-style-type: none"> • The CPR in rural zones rose from 6% to 15%. • The supply of essential FP services to communities increased. • Training in priority skills in obstetric care, immunization delivery, and disease prevention reached 2,200 MOH staff and 1,100 community volunteers.
Namibia	(Strategic objective does not include FP/RH.)

Nigeria	<ul style="list-style-type: none"> • Contraceptive use increased to provide 1.4 million CYP, up 50% from 953,030 CYP. • The Mission supported the establishment of a national advisory committee to supervise qualitative research leading to the design of a nationwide mass media campaign promoting FP. • The Mission supported a government review of the 1998 population policy. The review allowed civil society and other stakeholders to contribute to policy development for the first time. • Technical assistance was provided to the Federal Ministry of Health to assess its contraceptive logistics management system.
Rwanda	<ul style="list-style-type: none"> • The TFR reached 5.8 in 2001, compared with 8.5 in 1993. • Because of the sensitivity of FP issues, the percentage of women who have used contraceptives decreased from 42% to 36% between 1992 and 2000. FP is not generally accepted for cultural, religious, and historical reasons. • Intrah/PRIME, in conjunction with the MOH, developed a Rwandan National Reproductive Health Policy, which addresses safe motherhood, family planning, and adolescent reproductive health. The policy will be finalized in 2002.
Senegal	<ul style="list-style-type: none"> • A pilot study of community-based distribution of contraceptives began in two health districts. • The social marketing program made oral contraceptives available in 550 pharmacies around the country. • Managers of public-sector contraceptive supplies received training that helped reduce stock-outs.
Somalia	(Strategic objective does not include FP/RH.)
South Africa	<ul style="list-style-type: none"> • With increased procurement and distribution by the National Department of Health, condoms were available in 91% of targeted clinics. • Nearly 250 million condoms were sold in clinics. In 2001, USAID committed \$10 million dollars to the purchase of condoms.
Sudan	(Strategic objective does not include FP/RH.)
Tanzania	<ul style="list-style-type: none"> • CYP exceeded targets by 20% but did not reach the 2000 level because of commodity supply problems.
Uganda	<ul style="list-style-type: none"> • Between 1996 and 2001, social marketing sales of contraceptives, as measured by CYP, increased 270%. • The number of assisted deliveries in target districts increased 70% between 1995 and 2001. • Nationally, the CPR for MWRA using modern methods increased from 7.8% to 18.2% between 1995 and 2000-01. In USAID-assisted districts, the rate is 23.6%.
Zambia	<ul style="list-style-type: none"> • Sales of oral contraceptives increased, improving the contraceptive method mix. • 76% of health workers in targeted districts received in-service training to upgrade their knowledge and skills in FP/RH. • The Nurses and Midwives Practice Act was adopted enabling midlevel providers to treat complications of pregnancy. • The preservice registered midwifery curriculum was revised to reflect current practice in post-abortion care, management of labor, management of malaria in pregnancy, VCT for HIV/AIDS, and prevention of MTCT. • The Zambian White Ribbon Alliance for Safe Motherhood was launched with 22 institutional members.
Zimbabwe	<ul style="list-style-type: none"> • \$2 million worth of oral contraceptives were procured to sustain the national CPR of 50%.

Regional Program/Office	Family Planning/Reproductive Health Results and Activities
AFR/SD	<ul style="list-style-type: none"> • A policy dialogue tool, REDUCE, was adopted by four countries (Senegal, Nigeria, Mozambique, and Uganda) to encourage increases in public investments to reduce maternal deaths and illness. • A series of 17 fact sheets summarizing FP/RH best practices and lessons learned were produced in French and English and distributed to African programmers and policymakers. • Working through popular forums and entertainment media, the Africa Alive initiative reached more than 100 civil society groups in seven countries with RH messages for youth. • In partnership with the Population Reference Bureau, USAID supported the PopMediafrique activity to improve media and newspaper coverage of reproductive health in five countries. The activity promotes fact-based reporting and dialogue among journalists.
REDSO/ESA	<ul style="list-style-type: none"> • The Regional Center for Quality of Health Care and the Commonwealth Regional Community Health Secretariat hired technical specialists in maternal and neonatal health, reproductive health, HIV/AIDS, infectious diseases, and health care financing to lead the development of programs and strategies to address regional health issues.
WARP/PHN	<ul style="list-style-type: none"> • In the FHA focus countries (Burkina Faso, Cameroon, Cote d'Ivoire, and Togo), 80 clinics demonstrated improved service quality, as measured by 18 objective quality improvement indicators. CYP were 98% of the FHA target, also a sign of strengthened RH services. • Social marketing of oral contraceptives increased. The number of sales outlets reached 1,800, and sales exceeded 850,000 cycles. In addition, 17,000 doses of Depo-Provera were sold.

Results and Activities Reported: HIV/AIDS/STIs (as submitted in ARs 2002)

USAID Mission	HIV/AIDS/STI Results and Activities
Angola	<ul style="list-style-type: none"> • In Luanda, the national capital, 3 million condoms were sold in the first six months of the new HIV/AIDS program. These sales were five times higher than the target. • Two KAP surveys were conducted among target groups to obtain information about HIV/AIDS/STI knowledge and barriers to condom use. The findings will be used to develop communications strategies to influence behavior change. • Community educators from four local NGOs were trained to work with commercial sex workers in HIV/AIDS/STI prevention. • Attendance at STI clinics among sex workers looks promising. At one clinic, attendance doubled in one month. • USAID gained the support of the Angolan Catholic Church for HIV/AIDS projects.
Benin	<ul style="list-style-type: none"> • The USAID-supported social marketing program sold more than 6.5 million condoms, an increase from 5.8 million in 2000. 14,600 vendors across the nation now sell social marketing condoms.
DR Congo	<ul style="list-style-type: none"> • The HIV/AIDS control and prevention program was initiated in six cities. It targets high-risk groups such as prostitutes, military, police, and truckers with behavior change and condom social marketing interventions. • Approximately 12 million condoms were distributed through condom social marketing.
Eritrea	<ul style="list-style-type: none"> • After the successful relaunch of condom social marketing for HIV prevention, condom sales increased by 25% from 2000. • Training programs to create the capacity for HIV counseling laid the groundwork for opening two VCT centers.
Ethiopia	<ul style="list-style-type: none"> • USAID's social marketing program sold nearly 54 million condoms. • USAID's activities contributed to Ethiopia exceeding targets on the HIV/AIDS Policy Environment Score.
Ghana	<ul style="list-style-type: none"> • Condom sales increased 35% over 2000 levels and 100% over 1999 levels. • The results of a Mission-sponsored HIV/AIDS behavior survey will be used to develop HIV/AIDS prevention programs for high-risk groups. • HIV/AIDS activities (including private-sector workplace-based education, the addition of HIV/AIDS materials to the curricula of teacher training colleges, and advocacy for RH and HIV/AIDS issues) were integrated into the programs of other SOs.
Guinea	<ul style="list-style-type: none"> • The country's first comprehensive national HIV seroprevalence survey was completed in December. It provides crucial data to shape future HIV/AIDS programming.
Kenya	<ul style="list-style-type: none"> • Social marketing sales of Trust condoms increased 12% from 2000. • USAID supported projects to establish VCT services at 32 public and private sector sites. These services reached more than 9,000 people in their first six months of operation. • Efforts to promote behaviors that reduce or avoid the risk of HIV included national TV campaigns, a new radio soap opera, and community theater presentations by 25 youth groups. • Activities to prevent MTCT included a three-hospital joint operations research project with UNICEF and the MOH; a second project to apply research findings in two other hospitals; and collaborative efforts with CDC to guide the national MTCT efforts. • After community health workers and community-based caregivers were trained, almost 3,000 HIV-positive people received care in their homes. In communities particularly affected by HIV/AIDS, 250 people have been trained in microbusiness skills, and 300 joined credit organizations.

Liberia	<ul style="list-style-type: none"> • More than 9,000 youths and community members attended 25 community awareness sessions on STI/HIV/AIDS prevention and control. • HIV/AIDS materials were produced in easy-to-read English.
Madagascar	<ul style="list-style-type: none"> • The MOH adopted guidelines for improved management of STIs among high-risk women. • After MOH guidelines for improved STI management were adopted, attendance at one public clinic increased 61% in seven months.
Malawi	<ul style="list-style-type: none"> • The number of client visits to VCT centers nearly doubled from 2000. • Sales of social marketing condoms exceeded the 6 million target by 200,000. • Mission-supported activities included the development of a strategic framework for behavior change activities, implementation of workplace HIV/AIDS programs, capacity building through grants to NGOs, and support for AIDS committees assisting OVCs and PLWAs.
Mali	<ul style="list-style-type: none"> • A social marketing VCT center and STI diagnostic testing laboratory were opened. • A national media campaign to combat HIV/AIDS was implemented. • Several behavior change communications activities were launched. • An AIDS impact advocacy tool was developed. • Mali became the first DHS country to include HIV prevalence testing with its survey.
Mozambique	<ul style="list-style-type: none"> • HIV/AIDS prevention activities directly reached 380,000 people. • 11 million condoms were sold through 3,800 outlets. • Two VCT centers were functioning in 2001; nine more are in the process of opening. • 15 new HIV surveillance sites were established. • USAID awarded an \$11.5 million grant to the Foundation for Community Development, the first Mozambican NGO to receive such an amount.
Namibia	<ul style="list-style-type: none"> • 1,000 orphans received USAID assistance, including food, books, school uniforms, and counseling. • As a result of USAID support, a national policy on orphans and vulnerable children has been drafted, and a National Orphans and Vulnerable Children Steering Committee Secretariat is in place. • USAID support helped develop a training manual for workplace peer educators. The manual was used to train 16 trainers and 172 peer educators who have provided HIV/AIDS services to 4,000 people in the workplace. • A newspaper insert on HBC of AIDS patients, published with USAID support, reached a target audience of 160,000 readers. • USAID support was instrumental in creating a facility for HIV/AIDS services in Walvis Bay. USAID, the Department of Defense, and the Peace Corps jointly support the facility. In the first six months of operation, 6,000 community members received HIV/AIDS services. The facility has also trained peer educators to provide HIV/AIDS education, care, and support.
Nigeria	<ul style="list-style-type: none"> • Condom use, as measured by condom use at last nonspousal sexual act, increased from 40% to 60% between 1998 and 2001. • Social marketing condom sales reached 107 million, a 50% increase from 2000. • More than 2,000 peer counselors from target groups (road transport workers, female sex workers, and faith-based groups) were trained on HIV/AIDS prevention information. • More than 3 million Nigerians received HIV/AIDS information from peer counselors. • A youth-oriented telephone hotline was established to provide HIV/AIDS information, counseling, and referrals.

Nigeria (cont.)	<ul style="list-style-type: none"> • More than 3,000 OVCs benefited from HIV/AIDS programs providing access to education, vocational training, and basic subsistence assistance. • Nearly 500 caregivers received help for supporting orphans affected by HIV/AIDS from small microenterprise projects.
Rwanda	<ul style="list-style-type: none"> • Condom use is extremely low; 0.4% of women and 1.8% of men reported use of condom with their most recent sexual partner. • USAID, in partnership with FHI, developed VCT guidelines and curriculum for training VCT counselors. • The number of VCT centers tripled from 4 to 12 and reached 40,310 clients, 8% above target. Of those tested at the centers, 96% returned for their results and received posttest counseling. • Two health centers launched an innovative pilot program to provide prophylaxis for opportunistic infections and TB in selected HIV-positive patients. • FHI established two MTCT prevention centers. • JHU launched the "KUBA" campaign for HIV prevention among young people. The campaign reached 3.6 million 15- to 19-year-olds.
Senegal	<ul style="list-style-type: none"> • A strong social marketing program for condoms continued to ensure the availability, affordability, and accessibility of condoms. • Results of the 2001 BSS suggest that efforts to promote condom use among registered commercial sex workers are achieving results. Condom use is at 54% with recent non-client partners and 99% with recent nonregular partners. • Two VCT centers opened and increased their numbers of clients served over time.
Somalia	(Strategic objective does not include HIV/AIDS/STIs.)
South Africa	<ul style="list-style-type: none"> • Essential drugs were available in 95% of clinics, exceeding the target of 85%. • Access to HIV testing was available in 55% of clinics. • Counselors for the AIDS Helpline, which offers toll-free assistance 24 hours a day, received training in the use of new telecommunications equipment. They now field more than 20,000 calls per month in 11 local languages. • STIs were reduced, with 82% of clinics treating STIs correctly. • The national syphilis rate declined from 10.7% to 5% between 1997 and 2000. • The national TB control program has a number of TB demonstration and training sites with cure rates greater than 80%.
Sudan	<ul style="list-style-type: none"> • A pilot HIV/AIDS program began to operate in two regions.
Tanzania	<ul style="list-style-type: none"> • The Mission played a crucial role in promoting a greatly improved policy and political environment, including the establishment of the Tanzania Commission for AIDS, the approval of a national AIDS policy, and the formation of the Tanzania Parliamentary AIDS Coalition. • "Ishi", the first multimedia campaign directed at young people to promote sexual health and condom use, was launched. • Access to VCT services improved with expanded sites and a newly established VCT training and information center. • In an effort to alleviate chronic shortages of HIV/AIDS-related commodities, the DELIVER project provided field-level support for integrating management of these commodities into the overall logistic system for essential drugs. • Continued commercial sector support for condom social marketing contributed to sales of 20 million condoms, representing half of Tanzania's total condom distribution.

Uganda	<ul style="list-style-type: none"> • The number of AIDS Information Center VCT sites increased from 3 to 51 between 1996 and 2001. • The number of clients served through the AIDS Support Organization increased 160% between 1997 and 2001. • Between 1996 and 2000, HIV prevalence among women attending sentinel surveillance ANC clinics decreased from 15.4% to 11.8% in urban areas and from 8.2% to 4.7% in rural areas.
Zambia	<ul style="list-style-type: none"> • The 2000 Zambia Sexual Behavior Survey confirmed positive trends in behavior change, including decreased numbers of nonmarital sexual partners and increased condom use with these partners. • Social marketing condom sales increased. • A cross-border initiative at seven border sites diagnosed and treated 5,687 commercial sex workers and 1,096 truck drivers for STDs. • Mission-funded NGOs provided support to OVCs through income-generating activities and by strengthening community schools. USAID worked with the government and partners to draft national guidelines identifying services to be provided to OVCs.
Zimbabwe	<ul style="list-style-type: none"> • 12 New Start VCT centers were established to improve knowledge of HIV status. Only 90% of the population knew its HIV status at the start of the initiative. • New Start centers served 44,000 clients, exceeding targets by 100%. • Seven mobile VCT teams were created to serve remote rural areas. • Five "posttest clubs" were established and provided 1,700 clients with long-term psychosocial support, counseling, and referral to other HIV support services. • Easy-to-use rapid HIV test kits were identified, evaluated, and launched for use by non-laboratory staff. • 500 community-based employees of the Zimbabwe National Family Planning Council were taught HIV/AIDS outreach skills, helping the Council integrate HIV/AIDS into its FP services. • 2,500 people were served under a pilot HBC initiative, distributing kits of basic nursing supplies and training community volunteers to visit and care for PLWAs in rural areas. • 15.7 million male condoms and 455,566 female condoms were sold through social marketing. • The Mission supported public sector contraceptive distribution; social marketing of VCT, contraceptives, and condoms; and a mass media campaign with HIV/AIDS messages.

Regional Program/Office	HIV/AIDS/STI Results and Activities
AFR/SD	<ul style="list-style-type: none"> • The first White House Summit of World Religious Leaders on AIDS was held, followed by an intensive planning meeting to guide USAID's expanded work with community- and faith-based organizations. As a result of the summit, 120 faith-based groups in 15 countries adopted new approaches to HIV/AIDS, particularly in care and support. • Workshops and technical assistance strengthened monitoring and evaluation systems in seven countries in East and Southern Africa. • The capacity for long-term sustainable HIV/AIDS programming was strengthened through close work with and technical support for the Key African Network of People Living with HIV/AIDS. The Network represents 30 countries.
REDSO/ESA	<ul style="list-style-type: none"> • Advocacy activities resulted in a design for a methodology for helping countries develop national guidelines for nutritional care for PLWA.
WARP/PHN	<ul style="list-style-type: none"> • Access to key HIV/AIDS prevention services increased, as indicated by a 12% increase in condom social marketing sales (from 55 million to 61.7 million) and by increased provision of STI treatment services. • The program's geographical coverage was expanded to cover the entire ECOWAS region while developing links with regional health organizations and intensifying the focus on HIV/AIDS. • U.S. ambassadors in the region were provided with information and skills to enable them to become more effective advocates for HIV/AIDS prevention and treatment programs. • USAID collaborated with 11 U.S. embassies to design a small grants program (the Ambassadors Fund) for financing HIV/AIDS-related activities in USAID nonpresence countries. • USAID intensified and expanded activities linked to preventing HIV/AIDS along migratory and cross-border routes under the groundbreaking AIDS Prevention on the Migratory Axes of West Africa (PSAMAO) project. The project supports peer education among truckers, commercial sex workers, and seasonal workers along some of the region's main transportation corridors. • According to DHS data from Togo, Cameroon, Burkina Faso, and Cote d'Ivoire, knowledge that condoms prevent HIV transmission increased from 23% in 1995 to 40% in 2000 among women and from 50% to 65% among men over the same period. • Wake-up Africa!, an HIV/AIDS mass media campaign, was broadcast on five television stations and 22 public and private radio stations, including the regional radio station Africa No. 1. • In Cote d'Ivoire, 99% of truckers were exposed to at least one mass media message from a USAID-supported HIV/AIDS prevention program targeted at truckers, migrant workers, and commercial sex workers.

Selected Performance Measures for Other Reporting Purposes

(as submitted in ARs 2002 - Table 2)

Global Health Objectives

1. Reducing the number of unintended pregnancies

Mission/ Regional Program or Office	DHS Year	Percentage of in-union women age 15-49 using, or whose partner is using, a modern method of contraception at the time of the survey (DHS/RHS)
Angola		
Benin	1996	3.4
DR Congo		
Eritrea	1995	4.0
Ethiopia	2000	6.3
Ghana	1998	13.3
Guinea	1999	4.2
Kenya	1998	31.5
Liberia	1986	5.5
Madagascar	1997	9.7
Malawi	2000	26.1
Mali	2001	5.7
Mozambique	1997	5.1
Namibia	1992	26.0
Nigeria	1999	8.6
Rwanda	2000	4.3
Senegal	1999	8.2
Somalia		
Sudan		
South Africa	1998	61.2
Tanzania	1999	16.9
Uganda	2000	18.2
Zambia	1996	14.4
Zimbabwe	1999	50.4
AFR/SD		
REDSO/ESA		
WARP/PHN		

Global Health Objectives

2. Reducing infant and child mortality

Mission/ Regional Program or Office	DHS Year	Percentage of children age 12 months or less who have received their third dose of DPT (age at survey 12-23 mos.) (DHS/RHS)			Percentage of children age 6-59 months who had a case of diarrhea in the last two weeks and received ORT (DHS/RHS) *0-59 mos.			Percentage of children age 6-59 months receiving a vitamin A supplement during the last six months (DHS/RHS)			Confirmed cases of wild-strain polio transmission	
		Male	Female	Total	Male	Female	Total	Male	Female	Total	Cases of polio	Number of cases
Angola											Yes	2
Benin	1996	-	-	64.1	-	-	-	-	-	-	-	-
DR Congo											No	-
Eritrea	1995	48.9	48.7	48.8	-	-	-	-	-	-	-	-
Ethiopia	2000	22.4	18.9	20.7	*18.2	*19.1	*18.6	55.8	55.8	55.8	Yes	-
Ghana	1998	-	-	67.6	*32.5	*30.8	*31.5	-	-	96.0	No	-
Guinea	1999	-	-	43.2	*40.9	*38.7	*39.9	-	-	-	-	-
Kenya	1998	80.5	77.8	79.2	-	-	-	-	-	-	-	-
Liberia											No	-
Madagascar	1997	-	-	45.7	-	-	-	-	-	50.0	No	-
Malawi	2000	-	-	78.6	*46.5	*49.3	*47.9	64.5	66.1	65.3	-	-
Mali	2001	32.2	39.6	39.4	30.2	29.3	29.8	-	-	-	-	-
Mozambique	1997	61.7	60.5	61.1	*54.7	*59.1	*56.9	-	-	-	-	-
Namibia	1992	-	-	64.5	*66.6	*63.0	*64.7	-	-	-	-	-
Nigeria	1999	-	-	24.8	-	-	-	-	-	-	Yes	57
Rwanda	2000	-	-	84.9	29.7	30.8	30.2	68.2	39.6	68.9	-	-
Senegal	1999	-	-	42.7	-	-	21.3	-	-	80.4	No	-
Somalia											Yes	4
Sudan											Yes	-
South Africa	1998	74.3	78.3	76.4	50.2	52.4	53.7	-	-	-	-	-
Tanzania	1999	83.1	78.2	81.0	55.2	54.4	54.8	12.2	15.5	13.9	No	-
Uganda	2000	44.6	47.7	46.1	35.6	31.2	33.5	37.5	37.7	37.6	No	-
Zambia	1996	-	-	80.0	*58.6	*54.4	*56.5	-	-	81.0	No	-
Zimbabwe	1999	-	-	77.5	*67.5	*71.1	*69.2	-	-	-	-	-
AFR/SD											-	-
REDSO/ESA											-	-
WARP/PHN											-	-

Global Health Objectives

3. Reducing death and adverse health outcomes to women as a result of pregnancy and childbirth

Mission/ Regional Program or Office	DHS Year	Percentage of births attended by medically trained personnel (DHS/RHS)
Angola		
Benin	1996	64.0
DR Congo		
Eritrea	1995	20.6
Ethiopia	2000	9.7
Ghana	1998	44.3
Guinea	1999	34.8
Kenya	1998	44.3
Liberia	1986	57.9
Madagascar	1997	47.3
Malawi	2000	55.6
Mali	2001	42.4
Mozambique	1997	44.2
Namibia	1992	68.2
Nigeria	1999	41.6
Rwanda	2000	62.6
Senegal	1999	8.6
Somalia		
Sudan		
South Africa	1998	94.0
Tanzania	1999	56.5
Uganda	2000	39.0
Zambia	1996	46.5
Zimbabwe	1999	72.5
AFR/SD		
REDSO/ESA		
WARP/PHN		

Global Health Objectives

4. Reducing the HIV transmission rate and the impact of HIV/AIDS pandemic in developing countries

Mission/ Regional Program or Office	Total condom sales (2001 actual)	Total condom sales (2002 target)	Number of individuals treated in STI programs (2001 actual)			Number of individuals treated in STI programs (2002 target)			Is your operating unit supporting an MTCT program?	Will your operating unit start an MTCT program in 2002?	Number of individuals reached by community- and home-based care programs (2001 actual)		
			Male	Female	Total	Male	Female	Total			Male	Female	Total
Angola	3,000,000	6,600,000	-	-	-	-	-	-	No	No	-	-	-
Benin	6,500,000	-	-	-	-	-	-	-	-	-	-	-	-
DR Congo	12,000,000	-	-	-	-	-	-	-	No	No	-	-	-
Eritrea	-	-	-	-	-	-	-	-	-	-	-	-	-
Ethiopia	53,636,181	55,500,000	-	-	5,207	-	-	7,000	No	No	-	-	-
Ghana	18,000,000	20,000,000	-	-	-	-	-	-	No	-	-	-	-
Guinea	-	-	-	-	-	-	-	-	-	-	-	-	-
Kenya	14,800,000	16,800,000	-	-	-	-	-	-	Yes	-	-	-	-
Liberia	-	-	-	-	-	-	-	-	-	-	-	-	-
Madagascar	6,044,000	7,000,000	-	-	-	-	-	-	No	No	-	-	-
Malawi	-	-	-	-	-	-	-	-	-	-	-	-	-
Mali	8,508,890	9,000,000	-	-	-	-	-	-	No	No	-	-	-
Mozambique	11,216,714	11,500,000	-	-	-	-	-	-	-	-	-	-	-
Namibia	-	-	-	-	-	-	-	-	No	No	-	-	-
Nigeria	107,000,000	120,000,000	-	-	-	-	-	-	No	No	-	-	680
Rwanda	5,000,000	-	8,344	3,302	11,646	-	-	-	Yes	-	-	-	-
Senegal	3,500,775	3,850,000	-	-	-	-	-	-	No	No	-	-	-
Somalia	-	-	-	-	-	-	-	-	-	-	-	-	-
Sudan	-	-	-	-	-	-	-	-	-	-	-	-	-
South Africa	250,000,000	300,000,000	-	-	-	-	-	-	Yes	-	-	-	-
Tanzania	20,177,856	20,200,000	-	-	-	-	-	-	-	-	-	-	-
Uganda	8,269,278	10,000,000	-	-	49,127	-	-	46,433	Yes	No	-	-	48
Zambia	10,100,000	10,500,000	1,096	5,687	6,783	-	-	-	Yes	-	-	-	13,936
Zimbabwe	15,700,000	15,000,000	-	-	-	-	-	-	No	No	-	-	25,000
AFR/SD	-	-	-	-	-	-	-	-	-	-	-	-	-
REDSO/ESA	-	-	-	-	-	-	-	-	-	-	-	-	-
WARP/PHN	61,700,000	65,800,000	3,500	-	-	3,675	-	-	No	No	-	-	-

Global Health Objectives

4. Reducing the HIV transmission rate and the impact of HIV/AIDS pandemic in developing countries

Mission/ Regional Program	Number of individuals reached by community- and home-based care programs (2002 target)			Number of orphans and vulnerable children reached (2001 actual)			Number of orphans and vulnerable children reached (2002 target)			Number of individuals reached by antiretroviral treatment programs (2001 actual)			Number of individuals reached by antiretroviral treatment programs (2002 target)		
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
Angola	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Benin	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
DR Congo	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Eritrea	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Ethiopia	-	-	500	11,397	9,683	21,080	-	-	22,000	-	-	-	-	-	-
Ghana	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Guinea	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Kenya	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Liberia	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Madagascar	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Malawi	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Mali	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Mozambique	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Namibia	-	-	-	-	-	1,000	-	-	-	-	-	-	-	-	-
Nigeria	-	-	800	-	-	3,000	-	-	3,000	-	-	-	-	-	-
Rwanda	-	-	-	-	-	73	-	-	-	0	73	73	-	-	-
Senegal	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Somalia	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Sudan	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
South Africa	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Tanzania	-	-	-	-	-	67	-	-	-	-	-	-	-	-	-
Uganda	-	-	16,300	-	-	232	-	-	1,125	-	-	-	-	-	-
Zambia	-	-	-	-	-	54,063	-	-	13,700	-	-	-	-	-	-
Zimbabwe	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
AFR/SD	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
REDSO/ESA	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
WARP/PHN	-	-	2,100	-	-	-	-	-	6,200	-	-	-	-	-	-

Global Health Objectives

5. Reducing the threat of infectious diseases of major public health importance

Mission/ Regional Program or Office	Number of insecticide- impregnated bed nets sold (malaria) (2001 actual)	Number of insecticide- impregnated bed nets sold (malaria) (2002 target)	Proportion of districts implementing the DOTS tuberculosis strategy (2001 actual)	Proportion of districts implementing the DOTS tuberculosis strategy (2002 target)
Angola	-	-	-	-
Benin	33,494	45,000	-	-
DR Congo	-	-	-	-
Eritrea	-	-	-	-
Ethiopia	-	-	-	-
Ghana	21,000	50,000	-	-
Guinea	-	-	-	-
Kenya	95,000	300,000	-	-
Liberia	-	-	-	-
Madagascar	-	-	-	-
Malawi	-	-	-	-
Mali	-	-	-	-
Mozambique	-	-	-	-
Namibia	-	-	-	-
Nigeria	-	-	-	-
Rwanda	64,889	100,000	100.0	-
Senegal	-	-	-	-
Somalia	30,000	-	91.4	91.4
Sudan	-	-	-	-
South Africa	-	-	74.0	90.0
Tanzania	107,000	117,590	-	-
Uganda	59,735	144,000	14.0	-
Zambia	81,000	150,000	-	-
Zimbabwe	-	-	-	-
AFR/SD	-	-	-	-
REDSO/ESA	-	-	-	-
WARP/PHN	-	15,000	-	-

Key Indicators with Reported Data

(as submitted in ARs 2002)

Immunizations									
Mission	Level	Definition	1995	1996	1997	1998	1999	2000	2001
Ghana	IR	Estimated % children 12-23 months who have received three DPT doses before 1 year of age	52	51	60	67	69		76
Madagascar	IR	% children 12-23 months receiving three DPT doses before 1 year of age			48		57	55	94
Mozambique	SO	% children 12-23 months receiving three DPT doses before 1 year of age (rural population of six-province focus area)			45			51	65
Senegal	SO	% children 6-59 months receiving vitamin A supplementation in the previous six months						80.4	87
South Africa	SO	% children 12-23 months immunized for measles in the Eastern Cape			57	65	72.6	89	77
Zambia	SO	% children fully vaccinated according to WHO guidelines by 12 months of age		57	72	77.7	69	76	84.7
Zambia	IR	% children 60-72 months who received at least one dose of vitamin A supplement during July-August outreach activities			91	92	84	86	81

Control of Diarrheal Disease						
Mission	Level	Definition	1997	1998	1999	2001
Mozambique	SO	% children under 2 with diarrhea treated with ORS or recommended home fluid (rural population of six-province focus area)	36			71

Other Child Survival				
Regional Office	Level	Definition	1998	2001
AFR/SD	SO	Cumulative number of countries with IMCI action plans to improve IMCI health facilities beyond the initial phase of pilot districts (usually two); 1999 countries = Botswana, Madagascar, Malawi, Niger, Nigeria, South Africa, Tanzania, Uganda, and Zambia	3	14

Couple-Years of Protection (CYP)												
Mission	Level	Definition	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001
Eritrea	IR	An estimate of the protection against pregnancy provided by FP services during a period of one year, based upon the volume of all contraceptives sold or distributed free of charge to clients in three target zones during that year						8,076	7,247	8,014	7,007	7,807
Guinea	SO	An estimate of the protection against pregnancy provided by FP services during a period of one year, based upon the volume of all contraceptives sold or distributed free of charge to clients	12,807	15,135	18,550	39,000	43,219	38,909	44,819	70,045	87,068	96,817
Kenya	IR	An estimate of the protection against pregnancy provided by FP services during a period of one year, based upon the volume of all contraceptives sold or distributed free of charge to clients (millions)			1.3			1.8	1.9	2.2	2.1	2.0
Mali	SO	CYP calculated as 15 pill cycles = 1 CYP; 1 IUD = 3.5 CYP; 120 condoms = 1 CYP; 120 foaming tablets = 1 CYP; 4 Depo = 1 CYP; 1 Norplant = 3.5 CYP				118,506	120,748	135,870	153,453	190,543	146,940	180,661

Contraceptive Prevalence Rate (CPR)									
Mission	Level	Definition	1995	1996	1997	1998	1999	2000	2001
Uganda	SO	% women age 15-49 years, in union, currently using modern methods	7.8						18.2 (incl. LAM)
Zambia	IR	# cycles of SafePlan oral contraceptives (in thousands) sold in a calendar year through USAID social marketing program			182	288	339	445	518

Demand for and Service Delivery of Family Planning									
Mission/ Reg. Office	Level	Definition	1996	1997	1998	1999	2000	2001	
AFR/SD	SO	Cumulative number of programs that have incorporated adolescent RH strategies		4	11	14	17	16	
Guinea	IR	% subprefectures with at least one functional point of sale for FP and health products ("functional" defined as in business for three months)	12		31	73	89	90	

HIV Voluntary Testing and Counseling						
Mission	Level	Definition	1998	1999	2000	2001
South Africa	IR	% clinics in the Eastern Cape that routinely have HIV testing available (Eastern Cape used as proxy for national-level goal of 100% access)	44	43	43	55
Zimbabwe	IR	# clients tested and counseled for HIV/AIDS at USAID-funded VCT sites		2,117	11,384	44,000

Condom Sales										
Mission	Level	Definition	1994	1995	1996	1997	1998	1999	2000	2001
Kenya	IR	Average monthly TRUST condom sales (rounded to nearest thousand)	200,000		380,000	652,000	857,000	1,013,000	1,103,000	1,200,000
Malawi	IR	# CHISHANGO condoms sold to wholesalers and retail outlets (thousands per calendar year)	992	4,642	5,816	5,752	7,158	4,507	5,727	6,200
Senegal	IR	# private PROTEC nonpharmaceutical sales points in the private sector (urban and peri-urban)					1,746		2,052	2,910
South Africa	IR	% clinics that have condoms easily available				27	74	76	85	91

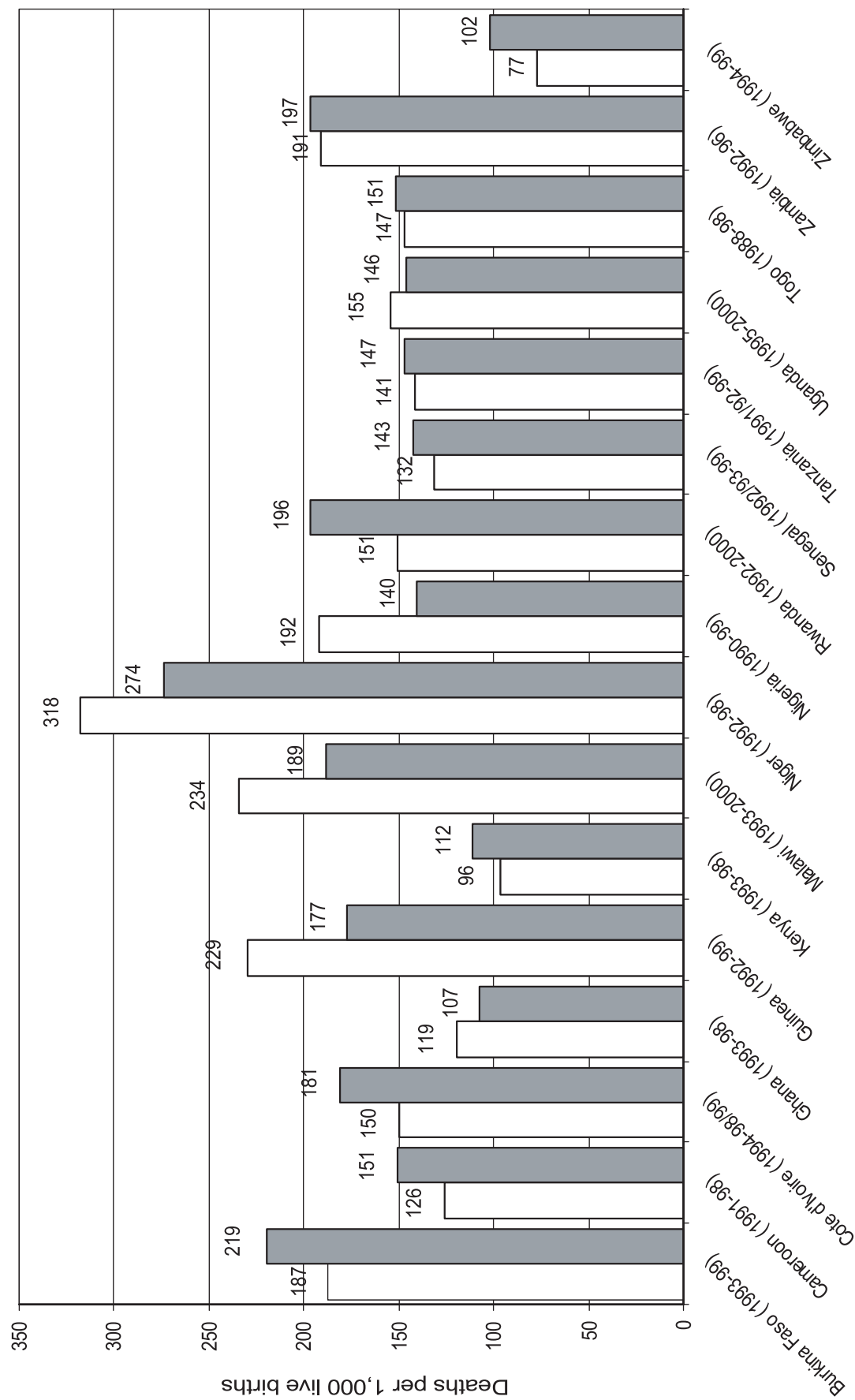
Condom Use						
Mission	Level	Definition	1998	1999	2000	2001
Rwanda	SO	% females reporting condom use during most recent sexual intercourse with nonregular, noncommercial sex partner (denominator = # target group 15-19 years interviewed; 1998 data directly comparable with BSS data reported in 2000)	27		15.2	0.4
Rwanda	SO	% males reporting condom use during most recent sexual intercourse with nonregular, noncommercial sex partner (denominator = # target group 15-19 years interviewed; 1998 data directly comparable with BSS data reported in 2000)	42		19.6	1.8

Infectious Disease						
Mission/ Reg. Office	Level	Definition	1998	1999	2000	2001
AFR/SD	SO	Cumulative number of countries accelerating programs for Roll Back Malaria			10	24
Zambia	IR	# bottles of Clorin sold in a calendar year through USAID social marketing program	3,558	187,043	569,000	1,028,000
Zambia	IR	# insecticide-treated bed nets sold in a calendar year	2,238	12,097	42,770	81,000

Health Sector Reform and Cost Recovery Issues								
Mission	Level	Definition	1994	1995	1996	1997	1998	2001
Eritrea	IR	HMIS-% facilities in six zones utilizing new HMIS forms and registers, with improvement in analysis in FYs 2001 and 2002				25	100	100
Kenya	IR	Total collections of cost sharing as reported by government facilities to the National Health Care Financing Secretariat, \$ in millions	3.6		6.7	8.5	8.7	14.9

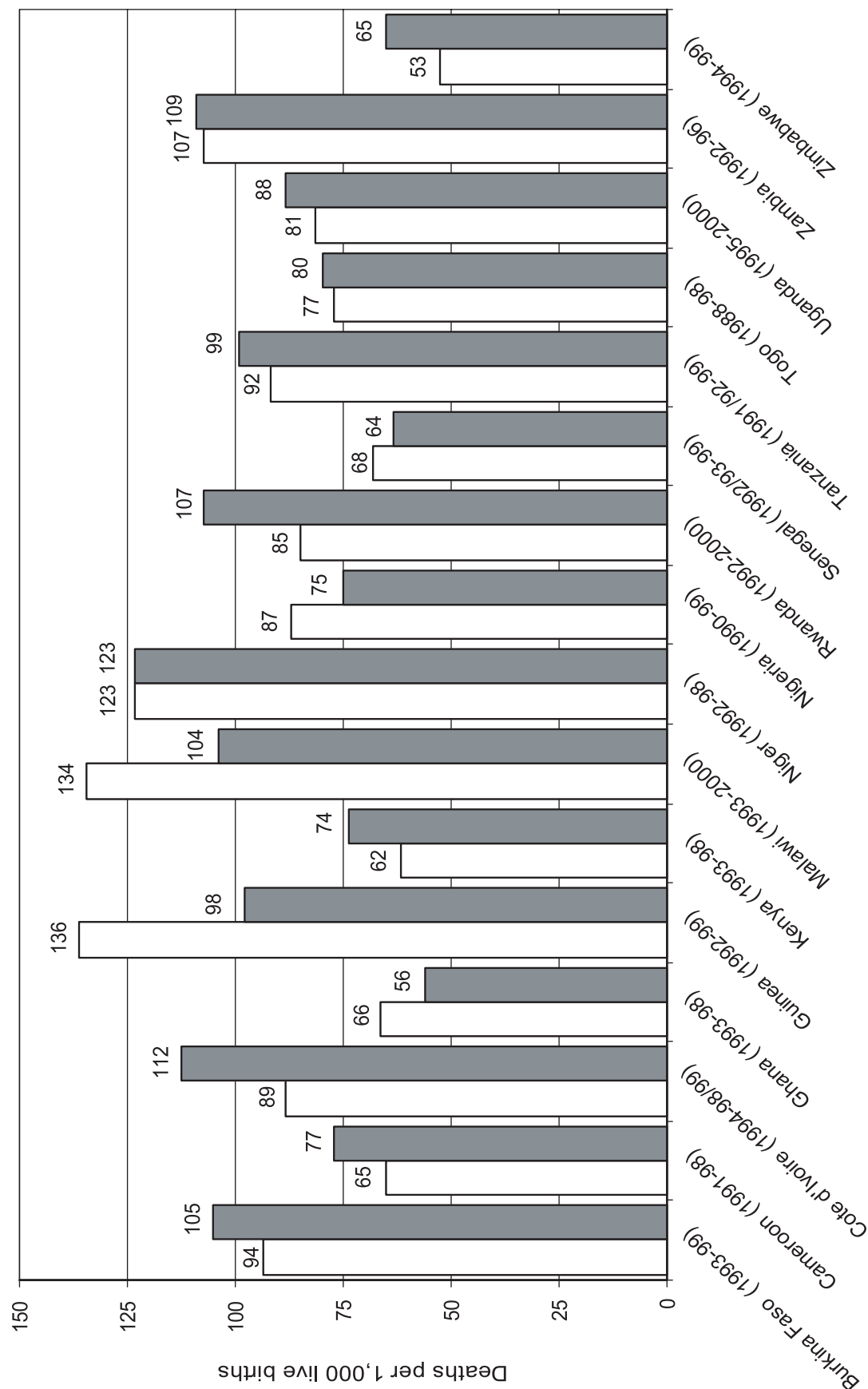
Overall Trends in the Health Sector

Under-Five Mortality Rates in Selected African Countries With Two Demographic and Health Surveys: 1990-2000



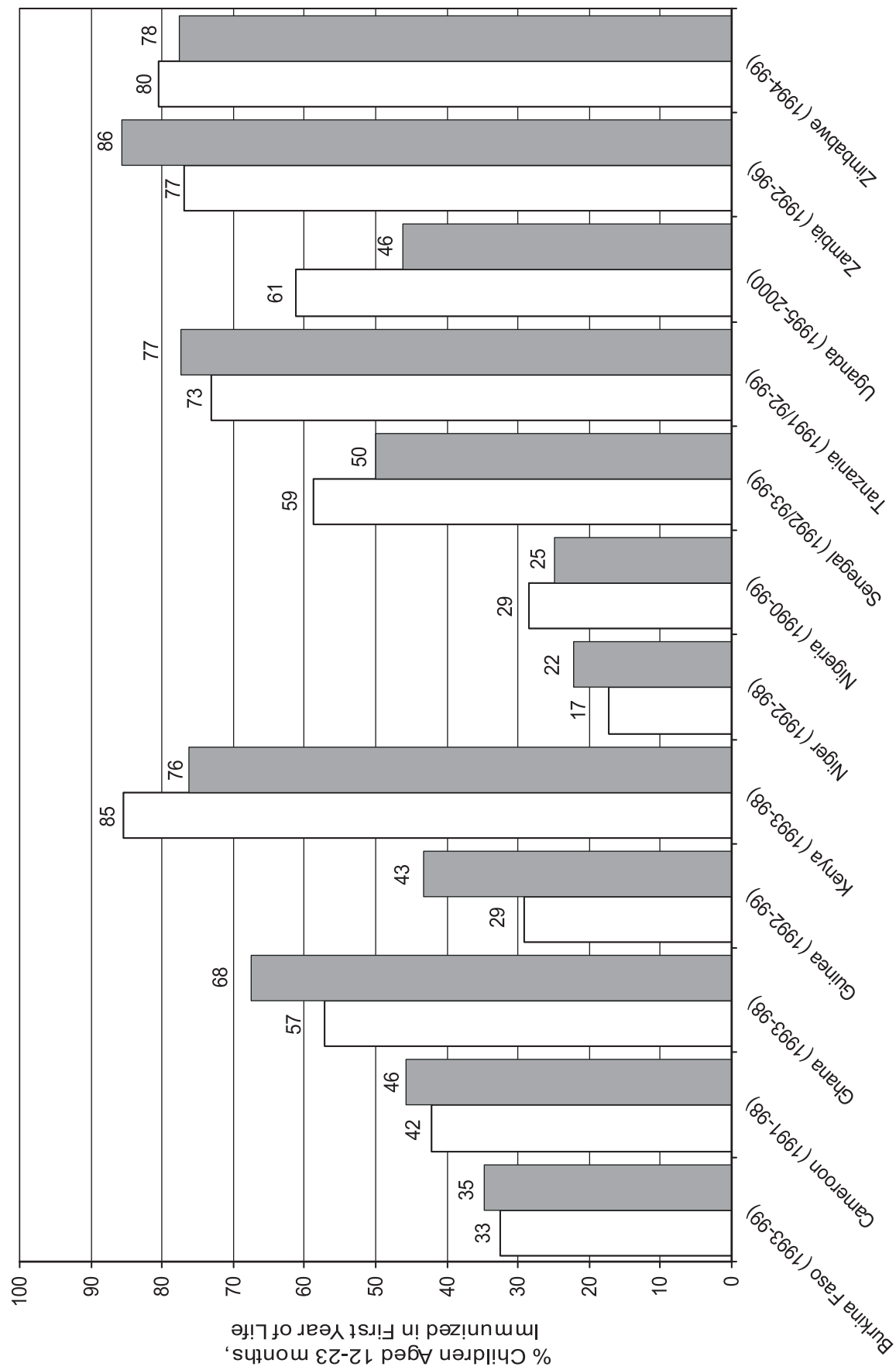
Note: Mortality rates given are for the five-year period prior to the survey.
Source: Demographic and Health Surveys of indicated years

Infant Mortality in Selected African Countries With Two Demographic and Health Surveys: 1990-2000



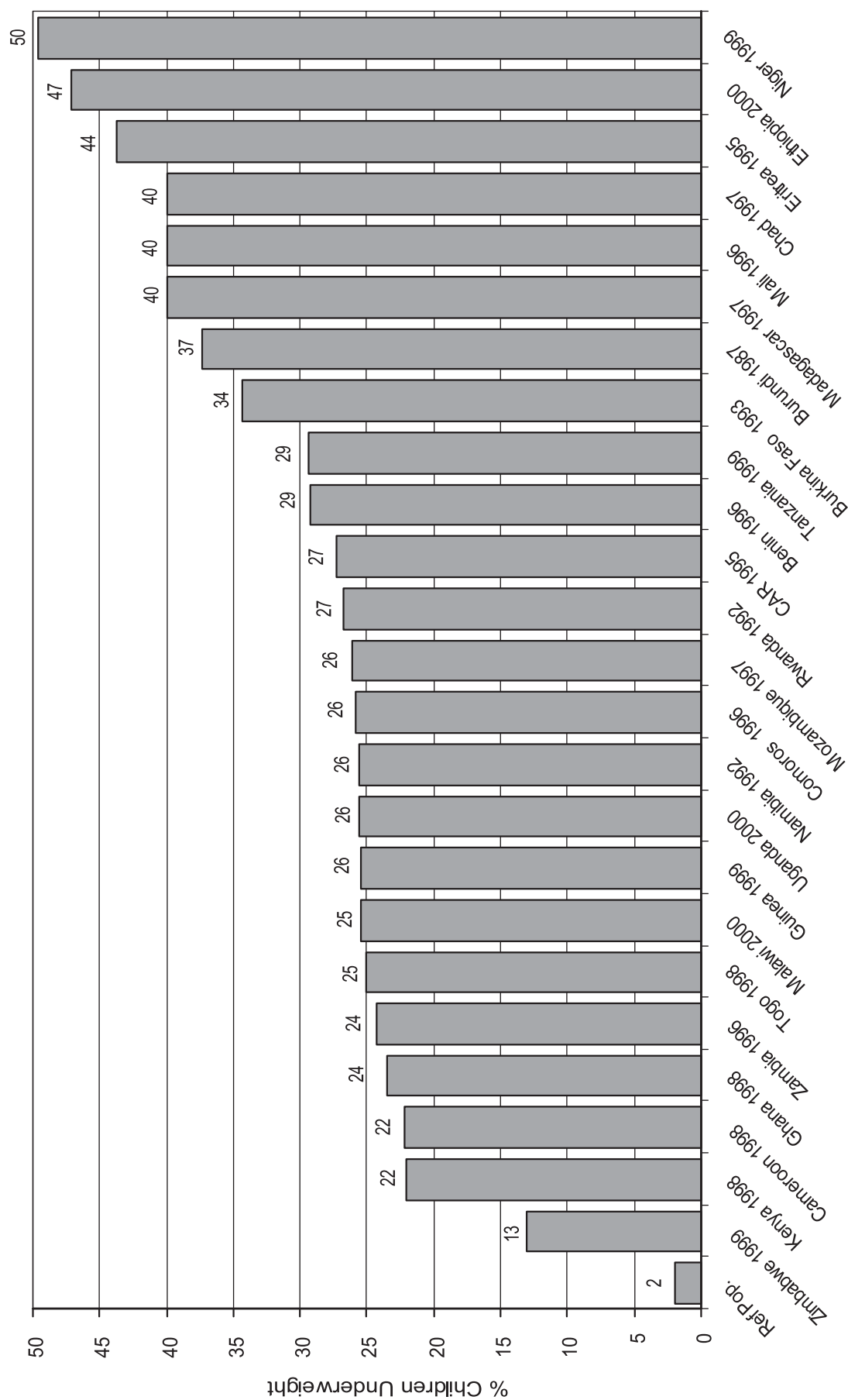
Note: Mortality rates given are for the five-year period prior to the survey.
Source: Demographic and Health Surveys of indicated years

DPT3 Immunizations in Select African Countries Children Aged 12-23 Months: 1990-2000



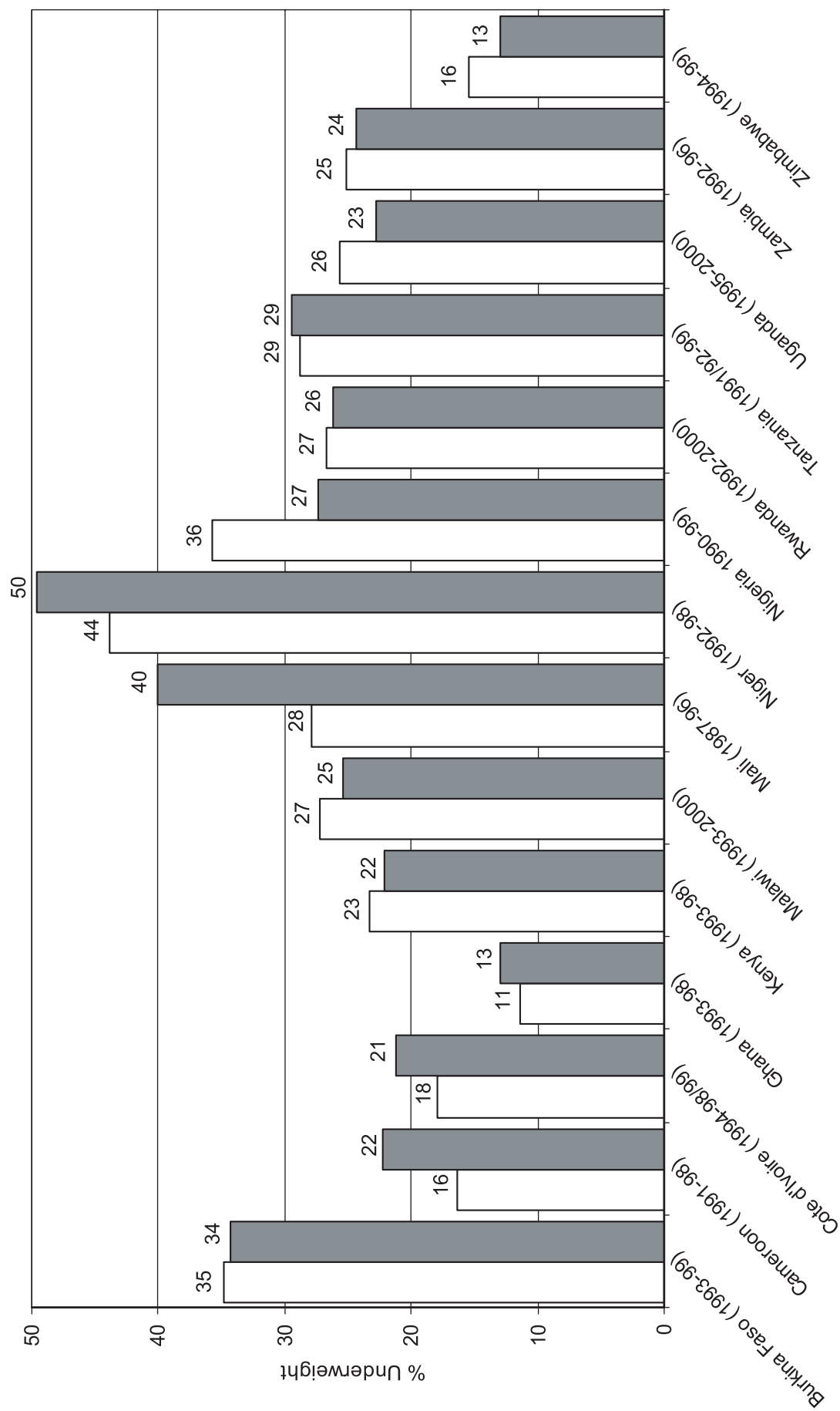
Source: Demographic and Health Surveys of indicated years

Underweight Children Aged 3-35 Months in Sub-Saharan African Countries: Most Recent Survey: 1986-2000



Note: Percent of children 3-35 months, whose weight-for-age is below minus 2 standard deviations from the median of the reference population.
Source: Demographic and Health Surveys 1986-2000

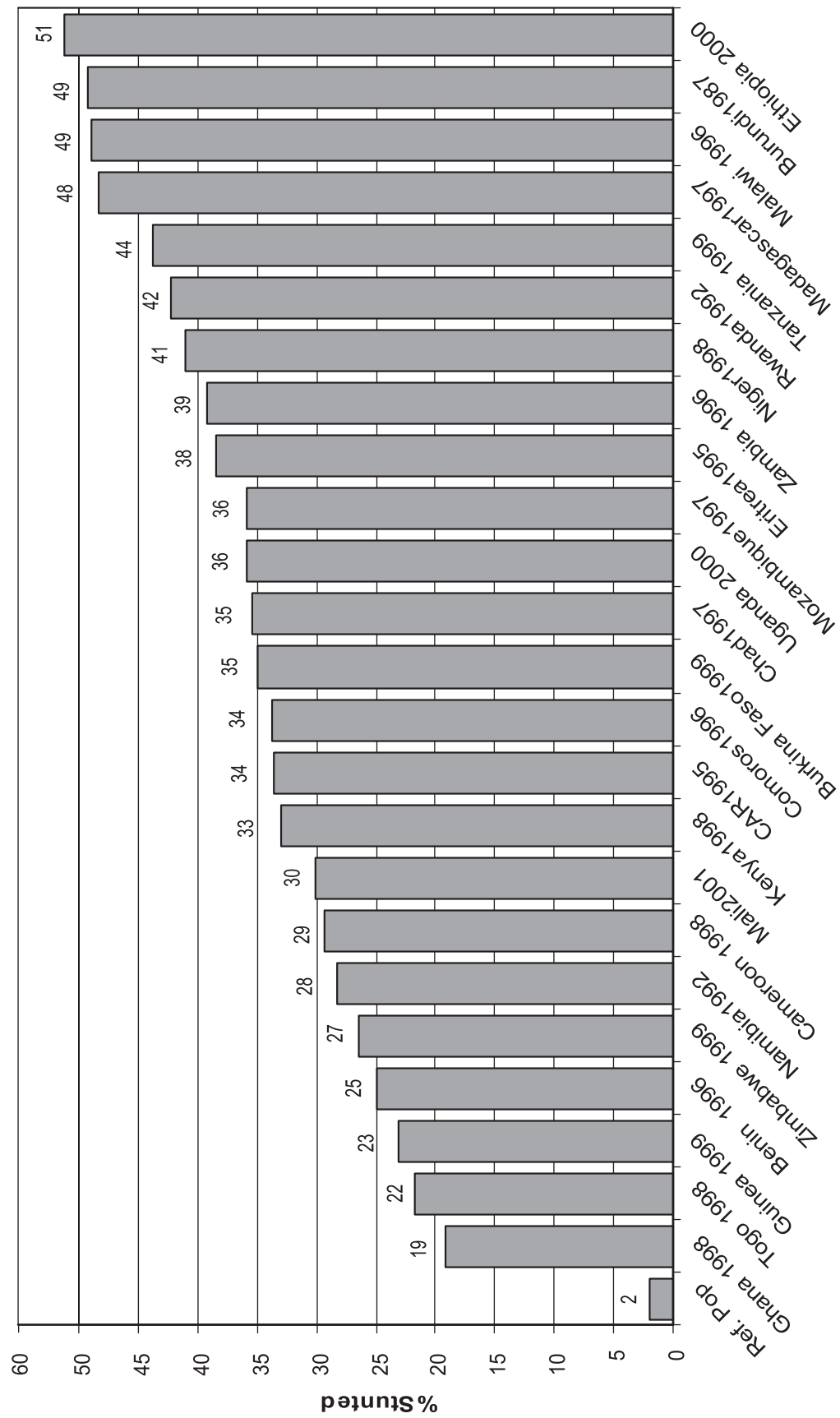
Underweight Children Aged 3-35 Months in Selected African Countries with Two Demographic and Health Surveys: 1990-2000



Note: Percentage of children <3 years old whose weight is below minus 2 standard deviations from the median of the reference population.

Source: Demographic and Health Surveys of indicated years.

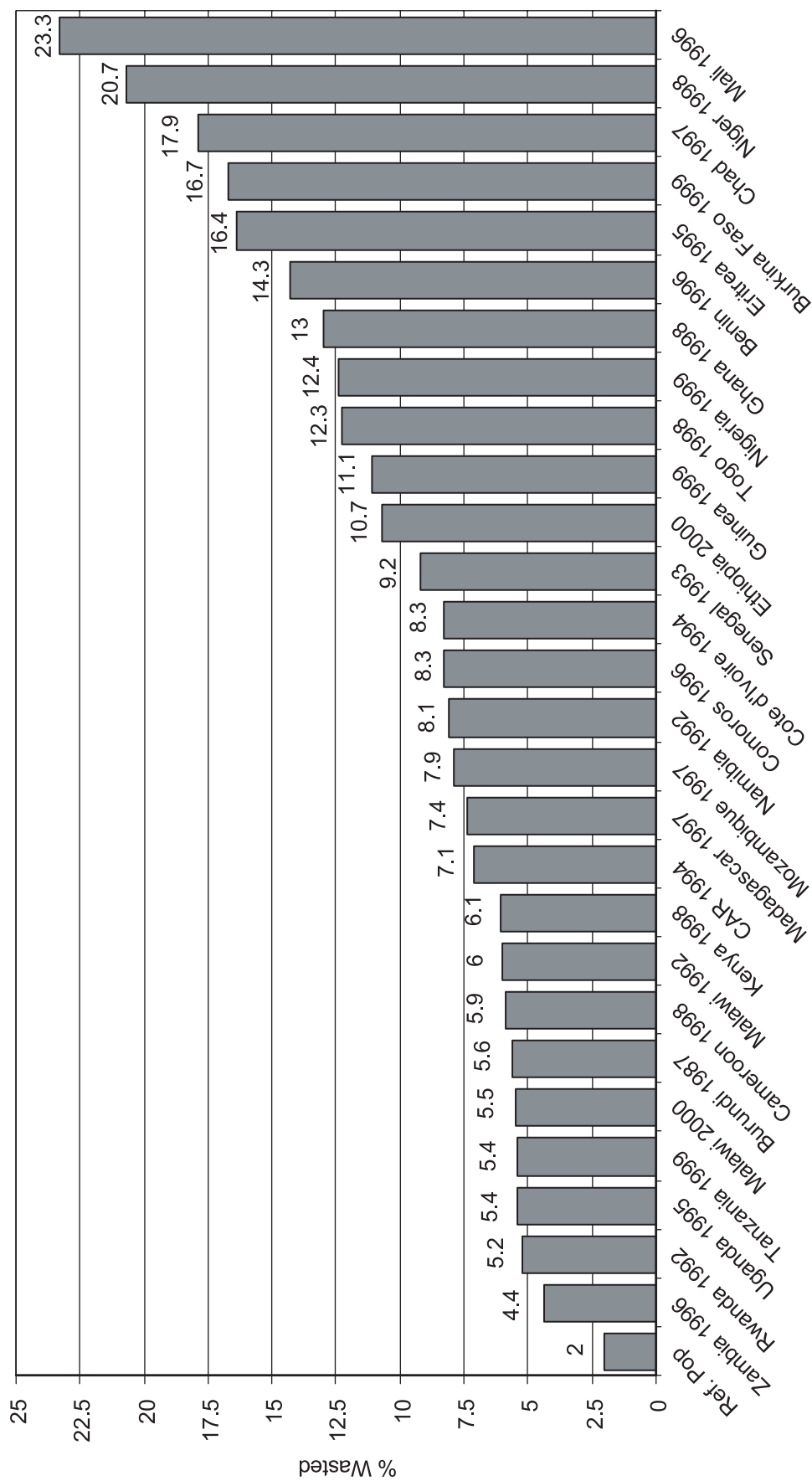
Stunting Among Children Aged 3-35 Months in Sub-Saharan African Countries: Most Recent Survey: 1986-2000



Note: Percent of children 3-35 months, whose height-for-age is below minus 2 standard deviations from the median of the reference population.

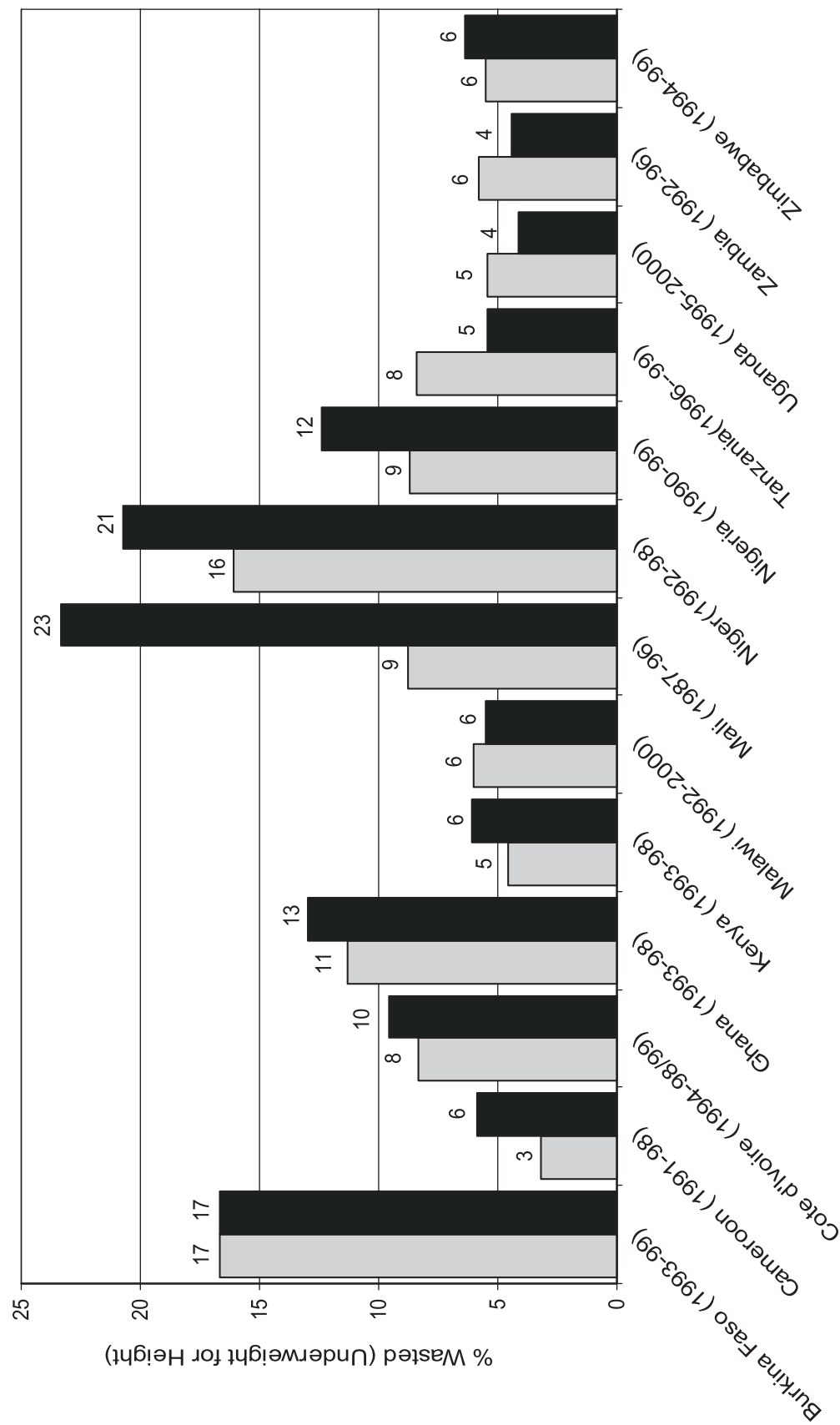
Source: Demographic and Health Surveys 1986-2000

Wasting Among Children Aged 3-35 Months in Sub-Saharan African Countries: Most Recent Survey: 1986-2000



Note: Percentage of children 3-35 months whose weight-for-height is below minus 2 standard deviations from the median of the reference population.
Source: Demographic and Health Surveys 1986-2000.

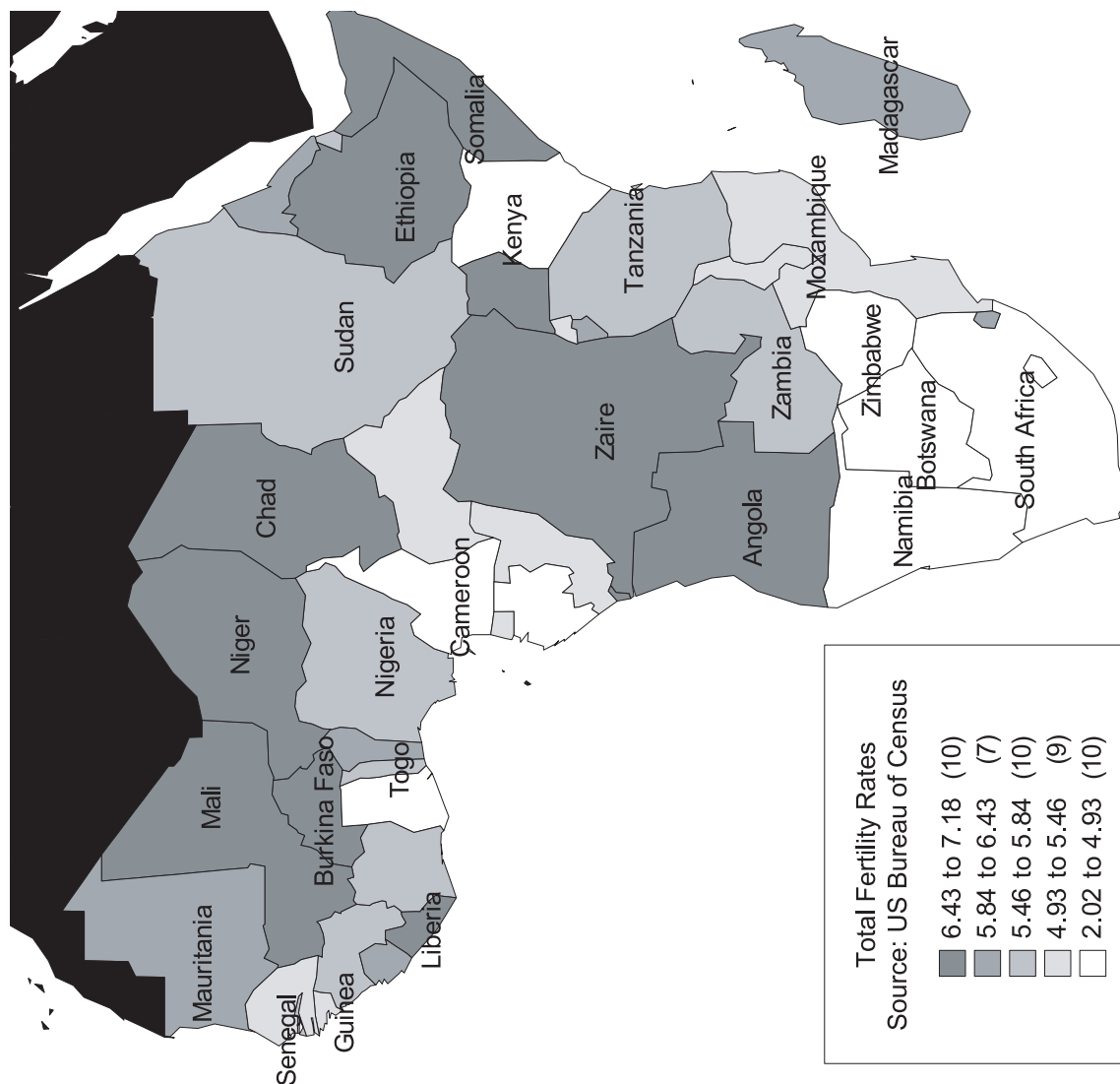
Children Aged 3-35 Months Whose Weight is Low for Height in Selected African Countries with Two Demographic and Health Surveys: 1990-2000



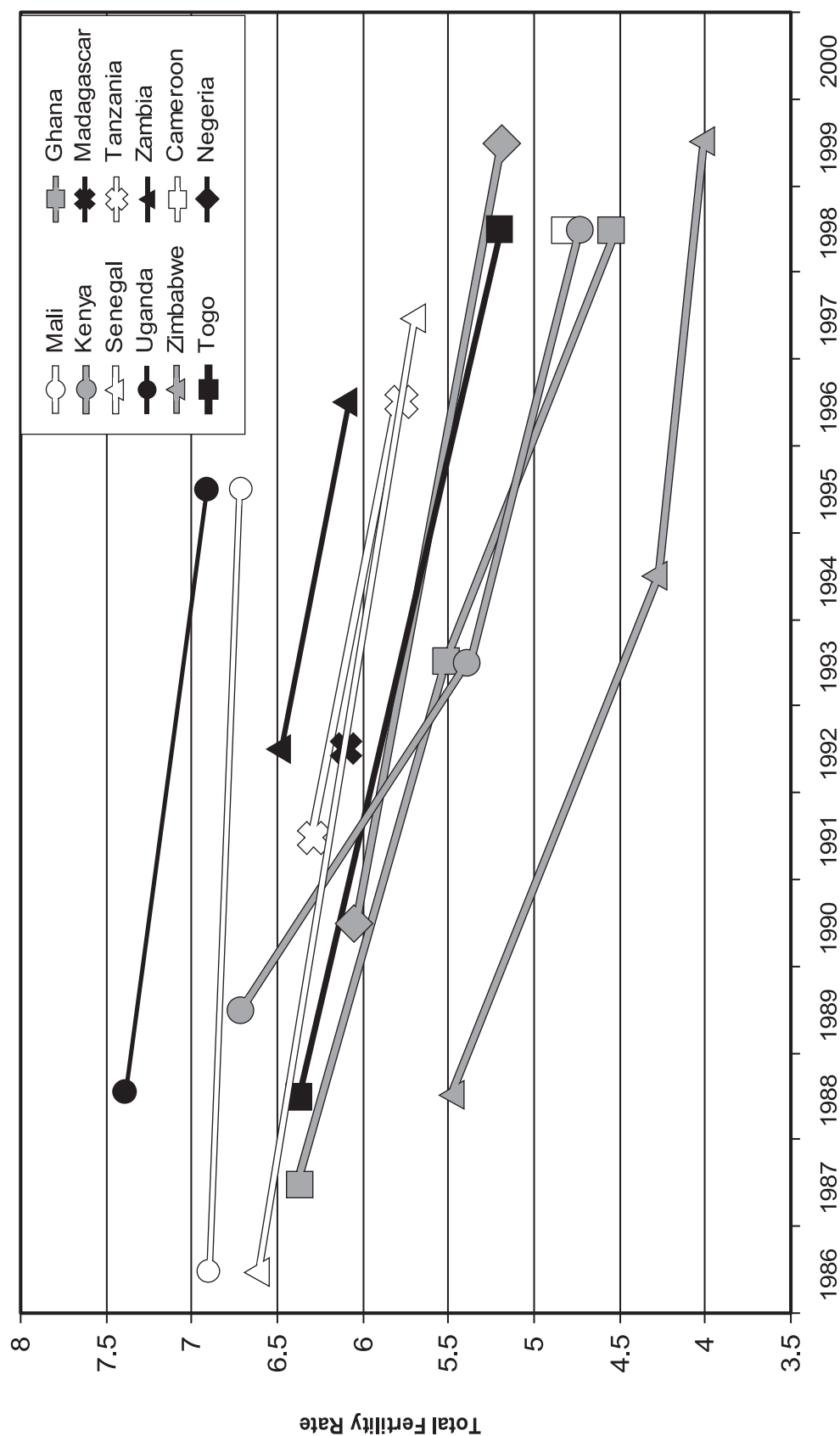
Note: Percentage of children < 3 years old whose weight-for-height is below minus 2 standard deviations from the median of the reference population.
Source: Demographic and Health Surveys of indicated years

Total Fertility Rates in Sub-Saharan Africa

Country	TFR	Country	TFR
Angola	6.62	Madagascar	5.84
Benin	6.32	Malawi	5.33
Botswana	3.8	Maldives	5.62
Burkina Faso	6.44	Mali	6.89
Burundi	6.25	Mauritania	6.29
Cameroon	4.88	Mauritius	2.02
Central African Republic	4.95	Mozambique	4.93
Chad	6.63	Namibia	4.89
Comoros	5.38	Niger	7.16
Congo	5.06	Nigeria	5.66
Cote d'Ivoire	5.8	Rwanda	5.07
Djibouti	5.8	Senegal	5.21
Equatorial Guinea	4.94	Sierra Leone	6.08
Eritrea	5.93	Somalia	7.18
Ethiopia	7.07	South Africa	2.47
Gabon	3.73	Sudan	5.47
Gambia	5.76	Swaziland	5.87
Ghana	3.95	Tanzania	5.51
Guinea	5.46	Togo	5.5
Guinea Bissau	5.27	Uganda	6.96
Kenya	3.66	Zaire	6.92
Lesotho	4.15	Zambia	5.62
Liberia	6.43	Zimbabwe	3.34



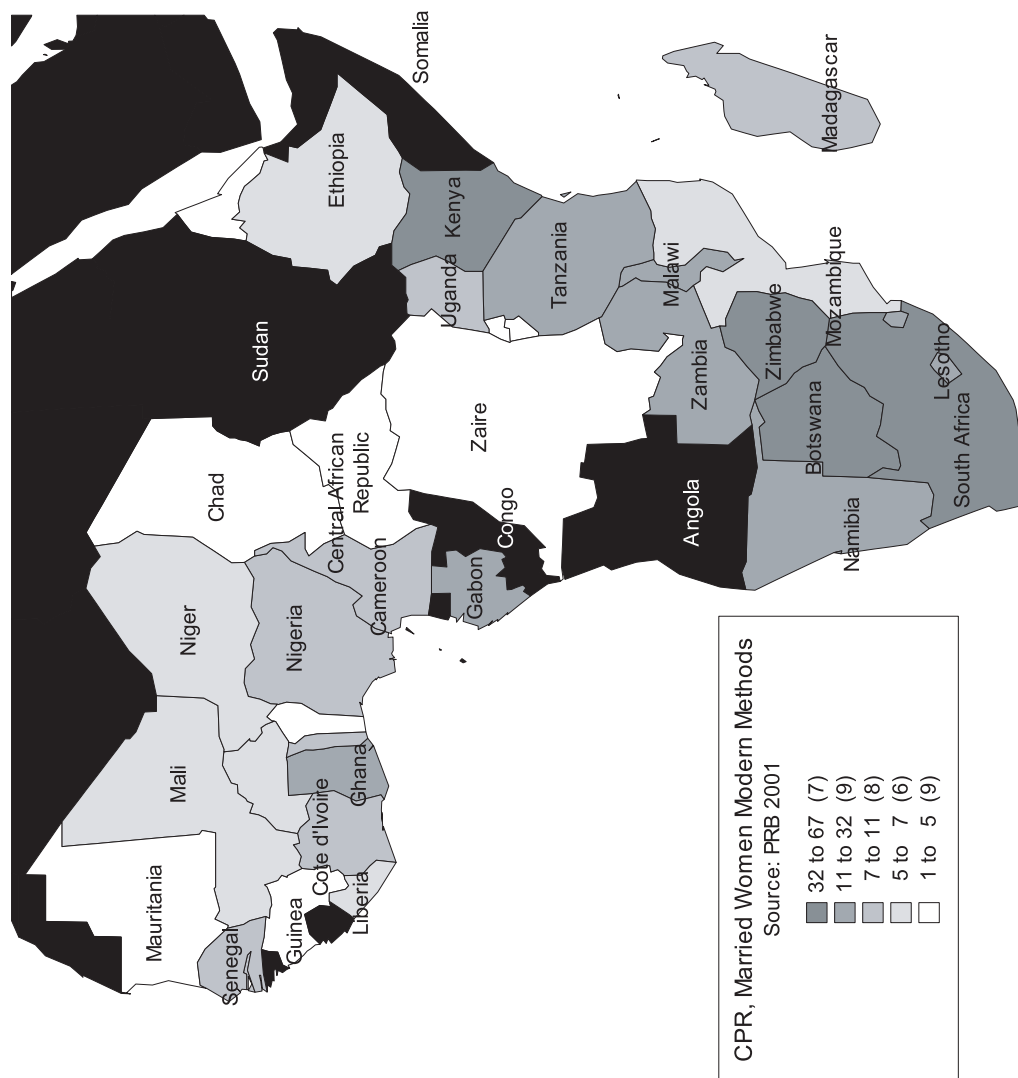
Comparison of Total Fertility Rates for Selected African Countries: 1987-1999



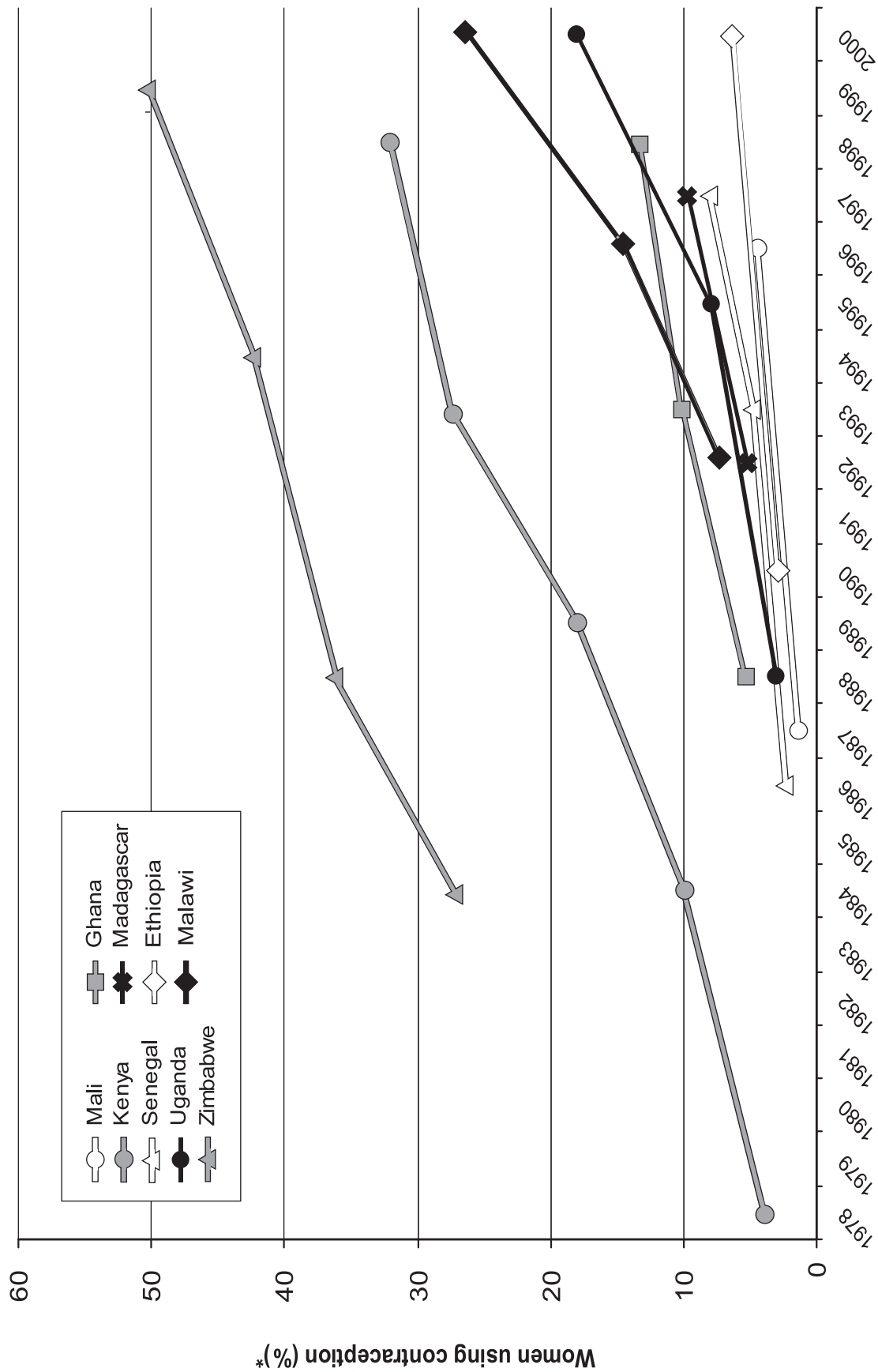
Source: DHS for years indicated

Contraceptive Prevalence (Any Modern Method) in Married Women in Sub-Saharan Africa

Country	CPR	Country	CPR
Benin	3	Liberia	5.5
Angola	—	Madagascar	10
Botswana	41	Malawi	26
Burkina Faso	5	Mali	5
Burundi	1.2	Mauritania	1
Cameroon	7	Mauritius	60
Cape Verde	46	Mozambique	5
Central African Republic	3	Namibia	26
Chad	1	Niger	5
Comoros	11	Nigeria	9
Congo	—	Rwanda	4
Cote d'Ivoire	7	Senegal	8
Djibouti	—	Sierra Leone	—
Equatorial Guinea	—	Somalia	—
Eritrea	4	South Africa	55
Ethiopia	6	Sudan	—
Gabon	12	Swaziland	19
Gambia	7	Tanzania	17
Ghana	13	Togo	7
Guinea	4	Uganda	8
Guinea Bissau	—	Zaire	3
Kenya	32	Zambia	14
Lesotho	19	Zimbabwe	50



Trends in Contraceptive Prevalence: Selected Countries

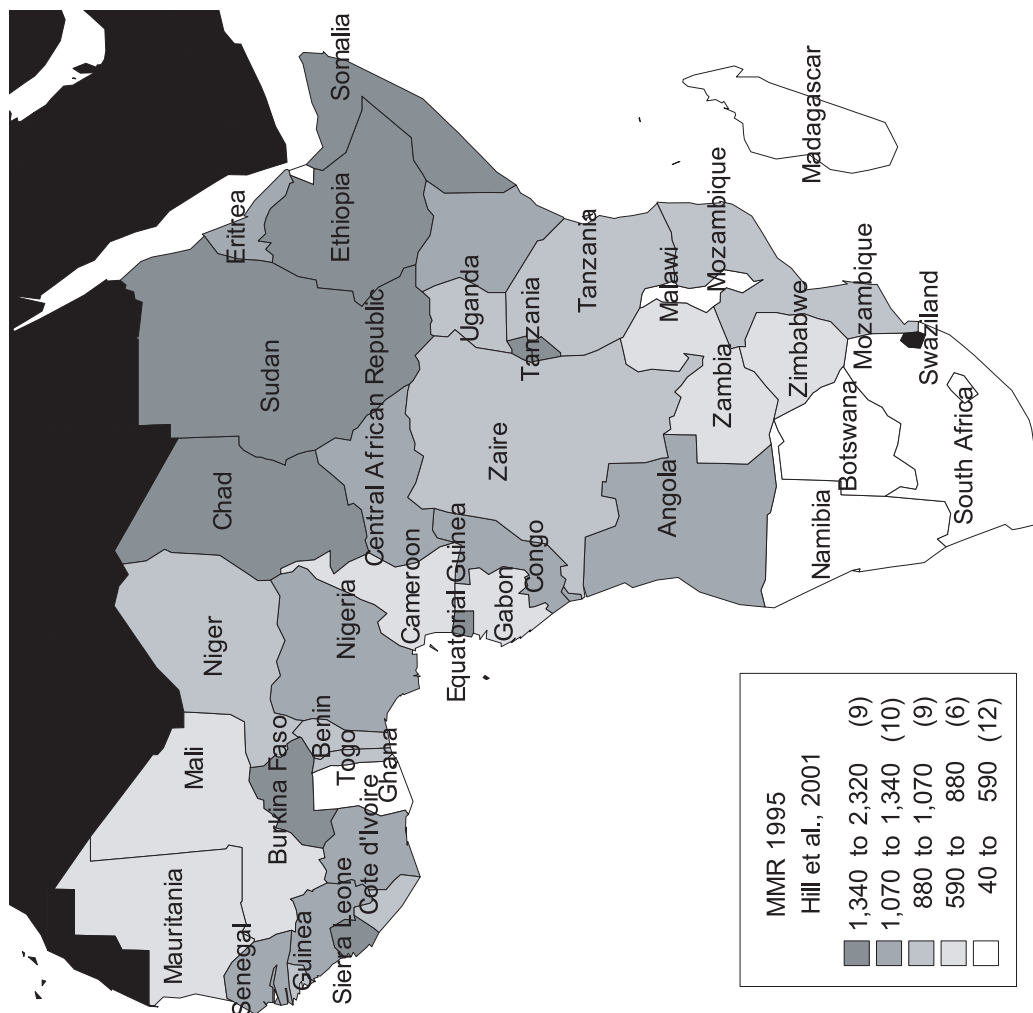


* Percent of married women ages 15 to 49 using modern contraception.

Source: Demographic and Health Surveys

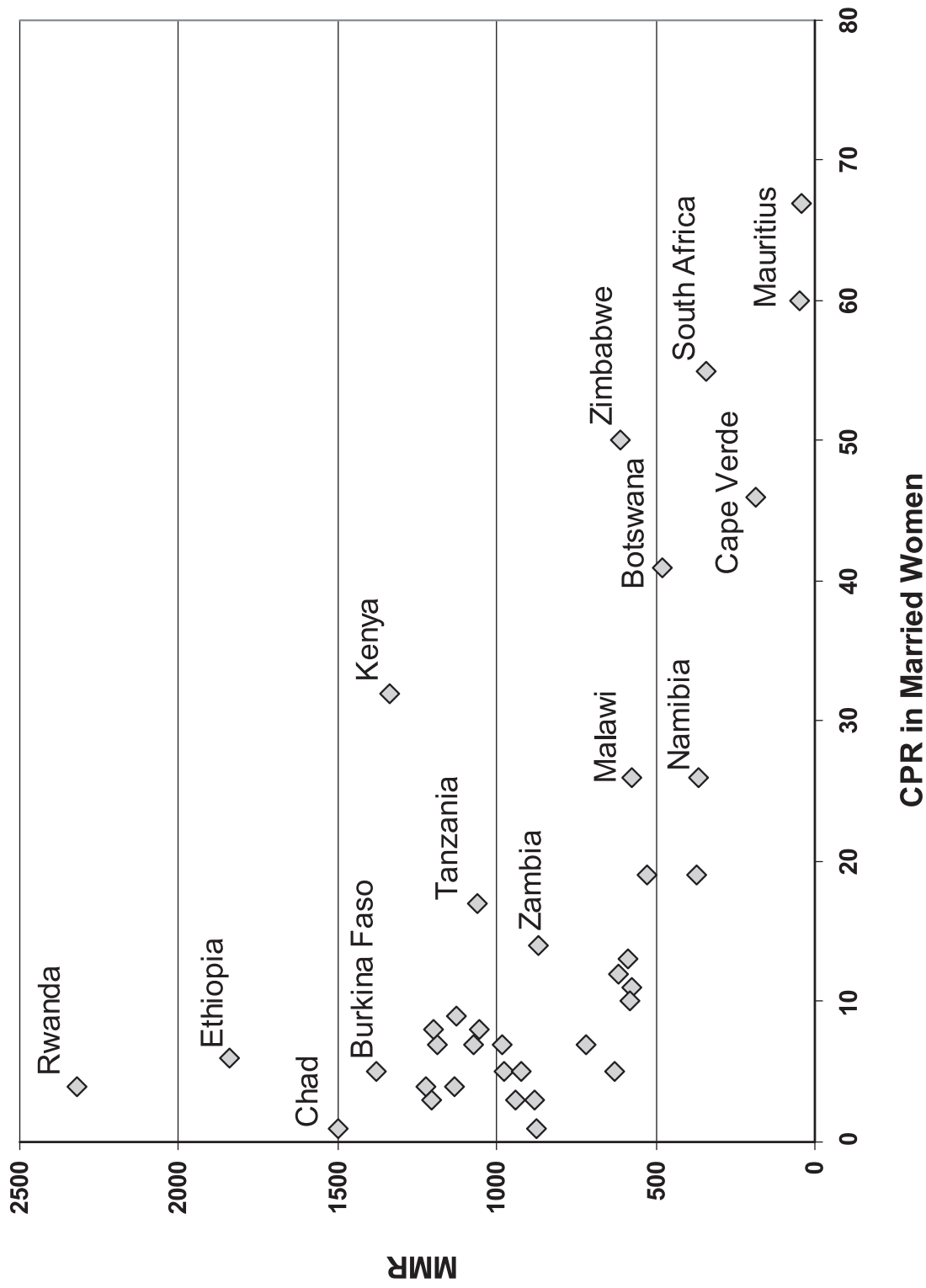
Maternal Mortality Ratio*

Country	MMR	Country	MMR
Angola	1,308	Liberia	1,016
Benin	884	Madagascar	583
Botswana	481	Malawi	576
Burkina Faso	1,379	Maldives	385
Burundi	1,881	Mali	630
Cameroon	720	Mauritania	874
Cape Verde	188	Mauritius	45
Central African Republic	1205	Mozambique	975
Chad	1497	Namibia	368
Comoros	573	Niger	923
Congo	1,108	Nigeria	1,129
Cote d'Ivoire	1,118	Rwanda	2,318
Djibouti	520	Senegal	1,198
Equatorial Guinea	1404	Sierra Leone	2,065
Eritrea	1,131	Somalia	1,582
Ethiopia	1,841	South Africa	341
Gabon	617	Sudan	1,452
Gambia	1,071	Tanzania	1,059
Ghana	586	Togo	983
Guinea	1,224	Uganda	1,056
Guinea Bissau	914	Zaire	939
Kenya	1,339	Zambia	867
Lesotho	529	Zimbabwe	609



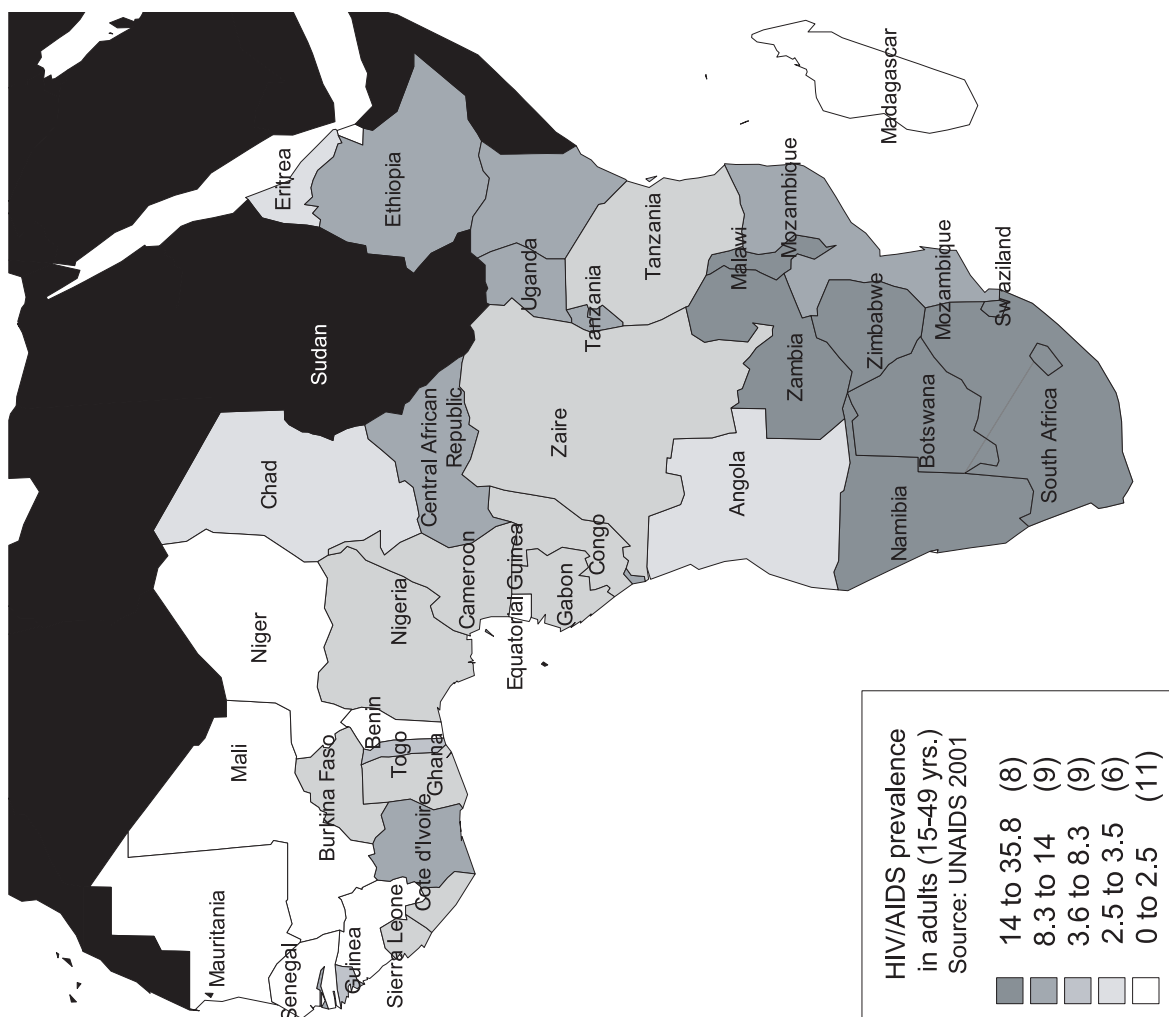
*Estimates for maternal mortality for 1995 by Hill et al., 2001

Contraceptive Prevalence and Maternal Mortality by Country



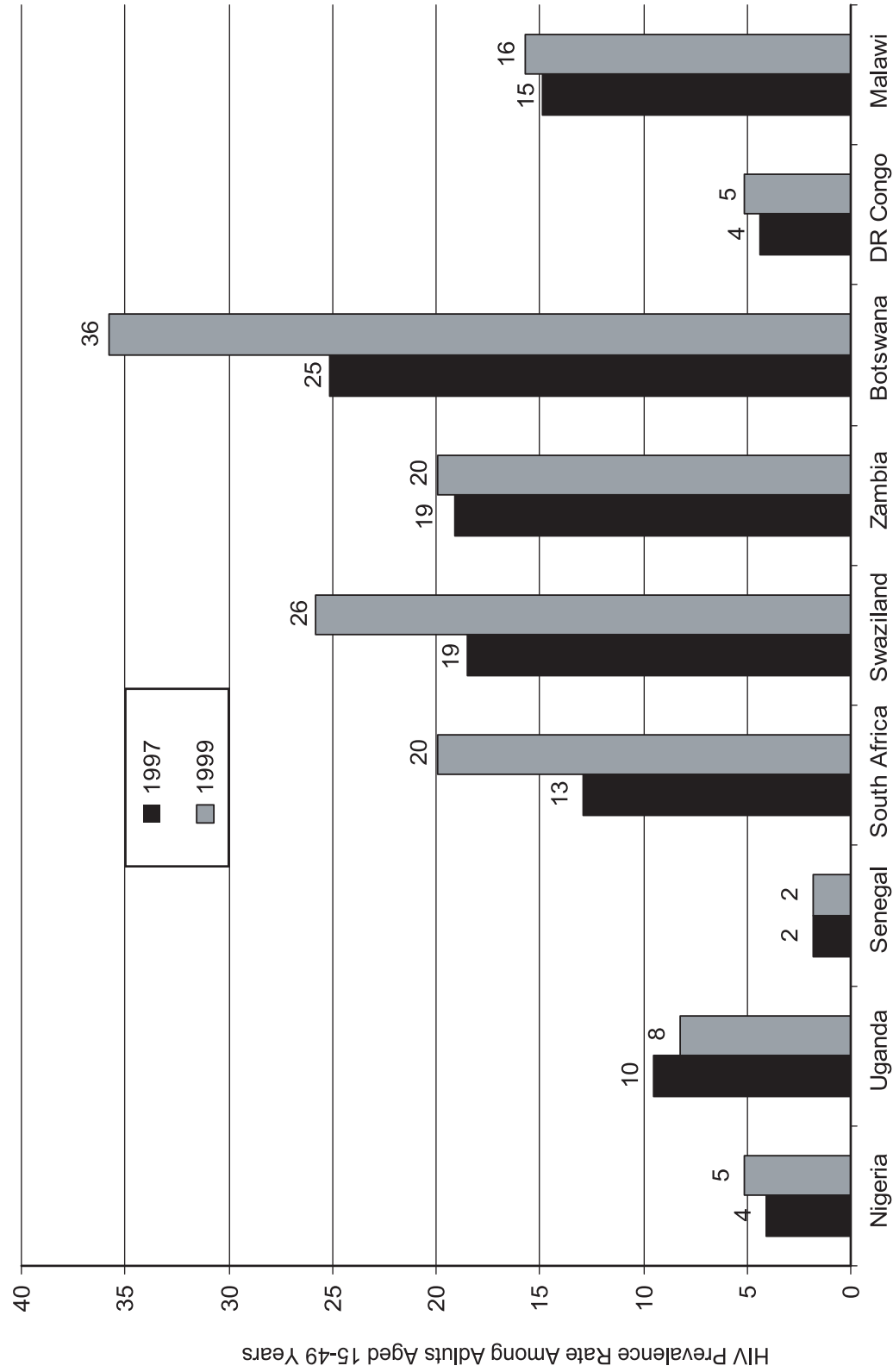
Source: Demographic and Health Surveys for CPR. Hill K, et al. Estimates of maternal mortality for 1995, *Bulletin of the World Health Organization* 79(3), WHO 2001: 182-193.

HIV Prevalence Among Adult Population (15-49 Years of Age) in Sub-Saharan Africa



Country	Rate	Country	Rate
Angola	2.78	Lesotho	23.57
Benin	2.45	Liberia	2.8
Botswana	35.8	Madagascar	0.15
Burkina Faso	6.44	Malawi	15.96
Burundi	11.32	Mali	2.03
Cameroon	7.73	Mauritania	0.52
Central African Rep.	13.84	Mauritius	0.08
Chad	2.69	Mozambique	13.22
Comoros	0.12	Namibia	19.54
Congo	6.43	Niger	1.35
Cote d'Ivoire	10.76	Nigeria	5.06
Zaire	5.07	Rwanda	11.21
Djibouti	11.75	Senegal	1.77
Equatorial Guinea	0.51	Sierra Leone	2.99
Eritrea	2.87	Somalia	
Ethiopia	10.63	South Africa	19.94
Gabon	4.16	Swaziland	25.25
Gambia	1.95	Togo	5.98
Ghana	3.6	Uganda	8.3
Guinea	1.54	Tanzania	8.09
Guinea Bissau	2.5	Zambia	19.95
Kenya	13.95	Zimbabwe	25.06

HIV Prevalence Trends in Selected Countries



Source: UNAIDS/WHO

Increase in Social Marketing: Condoms Sold/Distributed (millions)

	% Change	
Region/Mission	1998-1999	1999-2000
Benin	63%	-0.10%
Ghana	-7%	40%
Kenya	25%	13%
Madagascar	32%	12%
Malawi	-38%	27%
Tanzania	57%	6%
Zambia	25%	30%
Zimbabwe	82%	82%

Source: USAID R4s FY 2002

